



SNOWDAES

Snowdaes is an Equal Opportunity Employer, and we consider all applicants for employment without regard to race, color, sex, religion, age, national origin, disability, veteran status, genetic, sexual orientation or any other basis as prohibited by federal, state or local law. Snowdaes is committed to complying with the American with Disabilities Act (ADA) and as amended by the Americans with Disabilities Act Amendments Act (ADAAA). If you require reasonable accommodations to apply for or to complete an application for employment, or to perform the essential functions of the job for which you are applying due to a disability, please notify us of your specific needs for a reasonable accommodation so that we can properly assist you.

Please complete entire application.

PERSONAL INFORMATION (Please PRINT)

Name: Last First Middle Today's Date:

Complete Address: Street Apt. City State ZIP

Phone Number: Daytime Evening How did you hear about Snowdaes?

LOCATION : _____ Are you at least 18 years of age? Yes _____ No _____

EMAIL: _____

EMPLOYMENT DESIRED

Position you are applying for: _____

When can you start? _____

Specify hours available for each day of the week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EDUCATION

	Years Completed?	Did you graduate?	Yes	No
High School: _____	1 2 3 4	1 2 3 4	Yes _____	No _____
College: _____	1 2 3 4	1 2 3 4	Yes _____	No _____
Other: _____	1 2 3 4	1 2 3 4	Yes _____	No _____

List skills relevant to the position applied for:

ADDITIONAL QUESTIONS

Have you ever visited Snowdaes? Describe your experience:

What do you like about Snowdaes?

Why would you like to work at Snowdaes?

CURRENT/FORMER EMPLOYERS

From ----- To	Current Employer's Name and Address	Starting Salary/Hourly	Ending Salary/Hourly	Position	Reason for Leaving
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From ----- To	Current Employer's Name and Address	Starting Salary/Hourly	Ending Salary/Hourly	Position	Reason for Leaving
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REFERENCES

Name	Phone Number	Name of Business	Years Acquainted

Important: Disclosure, Acknowledgement, Authorization and Release

By signing this application, I promise that the following information in this Employment Application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify Snowdaes if I should be convicted of a felony, any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my job application is pending or during my period of employment, if hired.

I authorize Snowdaes, the company I am applying to work with, to investigate any of the information contained in this application, including the examination of past employment records, references, and other facts stated on this application. I further authorize all individuals and organizations named in this application to provide Snowdaes all information relative to such verification. I hereby release such individuals and organizations and Snowdaes from any and all liability for any claim or damage resulting therefrom.

I understand that neither this application nor anything conveyed during the interview process, if granted, is intended to create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Snowdaes policies. I understand and agree that, if hired, my employment is at-will, meaning that it is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment application and that no manager or representative of the Company, other than Snowdaes President or Ownership, have any authority to enter into an agreement with me for employment for a specified period of time. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Company's President or Ownership.

I also understand that as a condition of employment, if hired, I will be required to provide evidence of identity and employment eligibility in the United States.

I understand that as a part of my application for employment, I must sign a release of information authorization. This is to allow the Company to verify my references and, in the Company's discretion, to perform other background investigations to determine my qualification for employment. The Company may investigate my academic credentials, prior employment, personal/professional references, motor vehicle record and/or criminal record.

Date

Applicant Signature

Preparer and/or Translator Certification (To be completed and signed if application is prepared by a person other than the applicant.) I attest, under penalty of perjury, that I have assisted in completion of this application and that to the best of my knowledge the information is true and correct.

Date

Preparer and/or Translator Signature

