

## Application for Employment

Legendary Ice Cream Please complete entire application to ensure processing.

#01-06/02

PERSONAL INFORMATION (please print clearly)								
Name	Last	First	Soc Middle	cial Security #		Date		
Address					Stat	e Zip		
Phone Number_		Alternat		Ema	ıil			
Are you legally permitted to work in the US? Yes No Have you been convicted of a felony in the last 7 years? Yes No (Proof of U.S. citizenship or immigration status will be required if hired for a position in the U.S.)  Have you been convicted of a felony in the last 7 years? Yes No (If Yes, list convictions that are a matter of public record on a separate sheet of paper. A conviction will not necessarily disqualify you for employment.)								
Are you less than 18 years of age? Yes No Were you referred to Ritter's? Yes No If Yes, by whom?								
EMPLOYMENT DESIRED (if you are applying for an hourly position, please keep in mind that the availability of hours may vary)								
Position Applied for at Ritter's: Manager Asst. Manager Shift Leader Window/Service								
Desired hours for		Monday Tuesday	Wednesday	Thursday	Friday	Saturday Sunday		
Are you able to work overtime? Yes No Have you worked at Ritter's before? Yes No If yes, where?								
EDUCATION	Name and A	Address of School	Circle Years	Completed	Graduate?	Majors/Degrees Received		
High School			1 2	3 4	Y N			
College			1 2	3 4	Y N			
Post College			1 2	3 4	Y N			
Other Education or Experience			1 2	3 4	Y N			
List any skills that will help you in the position you desire								
Computer skills:	Word for Windows _	Excel	Others					
PERSONAL OBSE	RVATIONS ABOUT RIT	TER'S						
Have you ever visited a Ritter's Frozen Custard location? Yes No If yes, where?								
Describe your experience (or any experience or impression if you have visited more than once)								
What do you like about Ritter's?								
Why do you want to work at our Ritter's Frozen Custard shoppe?								
15						-		
13-								

## **PREVIOUS EMPLOYERS**

(List below current and lasts three employers, starting with the most recent one first. Please include any non-paid/volunteer experience which is related to the job for which your are applying. Please complete this section, even if you attach a resume to this application.)

ĺ	Dates Worked  Month / Year	Name and A	ddress of Business - Type of Business	Salary or Hourly	Last Position	Reason(s) for Leaving					
	From			Starting							
	To			If hourly, average # hrs. per week							
	Duties Performed										
	Supervisor's Nam	пе	Phone N	umber		May we contact?					
2	Dates Worked  Month / Year	Name and A	ddress of Business - Type of Business	Salary or Hourly	Last Position	Reason(s) for Leaving					
T	From			Starting							
	To			If hourly, average # hrs. per week							
	Duties Performed										
	Supervisor's Nam	ne	Phone No	umber		May we contact?					
3	Dates Worked	Name and A	ddress of Business - Type of Business	Salary or Hourly	Last Position	Reason(s) for Leaving					
T	From			Starting							
	To			If hourly, average # hrs. per week							
	Duties Performed										
Ì	Supervisor's Name Phone Number May we contact?										
٠	REFERENCES	REFERENCES (Give below the names of three professional references, whom you have known for at least one year.)									
	Name		Address & Phone Number	Busine	ss Years Know	n How Do You Know This Person?					
	1.										
	2.										
ł	2										
	3.										
	I authorize persons, information regardin I understand that mi that I may be requir nothing contained ir filling out this form a that my employme without prior notice employment, prosp who violates this I Massachusetts to law shall be subjection.	schools, my c ag my current a srepresentation ed to sign a co in this application does not indicate that is at will, we er for any real proceedive employ aw is guilty of require or addict to criminal	urrent employer (if applicable), and previous and/or previous employment and I release in or omission of facts may result in rejection of the fact of the	ous employers and of all persons, schools on of this application ent, should I become may be granted, is obligate Ritter's to he period and my be der Maryland law, an individual substance are marked in \$100.	organizations contact, employers of any ar or, if hired, discipline e an employee of Rit intended to create a ire me. (U.S. APPLIC terminated by me or an employer may mit to or take, a lie or continued emplo	Id all claims for providing such information. up to and including dismissal. I understand ter's Frozen Custard. I understand that in employment contract. I understand that EANTS ONLY: I understand and agree is Ritter's Frozen Custard at any time of require or demand, as a condition of detector or similar test. An employer APPLICANTS ONLY: It is unlawful in syment. An employer who violates this					
-1	Date	S	ignature		Print N	lame					