Ice Cream Shack of Sunnyland 2306 Washington Rd Washington, IL 61571 309-745-8088

An Equal Opportunity Employer

First Name	Mic	ldle La	st Name	Jr., II, Etc.			
Pres	ent Street Add	ress	Are you	16 years or older?	Hom	e Telephone	Number
City State		State	ate Zip Code		Alternate Number (Cell, Pager, Etc.)		
		Other	Addre	sses			
List the last two places you h	ava lived besi	oning with the most recen	+ /#4\ All nor	iada muat ha agasunta	d for an vour	liet De euro	to indicate the
actual physical location of yo							
living at a school address.	ai rediaerioe. I	SO HOL USC UT O BOX US	un address,	do not not a permane	in addition v	viicii you we	re dotadily
#1 Month/Year to Month/Year	Street Addres	S		City		State	Zip
#2 Month/Year to Month/Year	Street Addres	e		City		State	Zip
<i>"</i> 2	Officer Address	3		Oity		Otato	
		Emp	oloyme	ent			
Have you ever applied or pre	viously been e	mployed with the Ice Crea	m Shack of S	Sunnyland?			
a.o you ove. app.iou o. p.c		p.oyou u.o ioo orou		,		Yes	No
If yes, give dates and reasor	for leaving.						
, , ,	3						
List your current job and the	ne most recent	previous iobs:					
#1 Month/Year to Month/Year				Position/Title		Phone Number	
Supervisor Name	Street Addres	S		City		State	Zip
#2 Month/Year to Month/Year	Company Nar	ne		Position/Title		Phone Num	ber
Supervisor Name	Street Addres	 S		City		State	Zip
#3 Month/Year to Month/Year	Company Nar	ne		Position/Title		Phone Num	ber
1							
Supervisor Name	Street Addres	s		City		State	Zip
	1			1		I	I

	E	Education					
Below describe any formal educat	ion you are presently taking or I	have already complete	d.				
Name of Present School	City and State	Attending which Days/Times			Degree/Diploma Sought		
High School	City and State	Graduate? Yes No			Year		
Technical School	City and State	Graduate?	Yes	No	Year	Degree	
College	City and State	Graduate?	Yes	No	Year	Degree	
Other Education	City and State	Graduate?	Yes	No	Year	Degree	
	Phys	sical Abiliti	es	<u>.</u>	ļ		
Are you able to perform the essential job functions required for the job?						No	
If no, what can be done to accomr	nodate your limitations?						
Can you stand	?	Yes	No	Restrictions:			
Can you sit		Yes	No	Restrictions:			
Can you re		Yes	No	Restrictions:			
Can you bend o	s?	Yes	No	Restrictions:			
Can you wor		Yes	No	Restrictions:			
Can you work o	s?	Yes	No	Restrictions:			
		nal Referer					
Please list three (3) people who	have known you for at least t	wo (2) years, and are	not related to y	ou.			
Name	Relationship		Years Known		Phone Number		
Street Address	l .	C	City		State	Zip	
Name	Relationship		Years Known		Phone Number		
Street Address	L	C	City		State	Zip	
Name	Relationship	1	ears Known		Phone Nu	mber	
Street Address	l	C	City		State	Zip	

What you need to know					
initial					
	If hired I understand that I a	am required to follow orders while on d	uty.		
initial					
	A drug test may be performed as part of the hiring process.				
initial					
	A criminal background check may be conducted prior to or at anytime during employment.				
It is the policy of the Ice Cream Shack of Sunnyland, to exercise business and personal practices designed to ensure the realization of equal employment opportunity, for all persons without regard to: race, sexual orientation, color, age, religion, sex, national origin, political belief, marital status, medical condition, or physical or mental impairment; that does not prohibit performance of essential job functions. I hereby certify that the information contained in this application and in any attachments is true and correct to the best of my knowledge, and agree to have any statements checked by the Ice Cream Shack of Sunnyland, unless I have indicated to the contrary. I authorize the references listed above to provide the Ice Cream Shack of Sunnyland any and all information concerning my employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for damages that may result from the furnishing of such information to the Ice Cream Shack of Sunnyland, it's agents, or it's representatives.					
I understand that any misrepresentation, falsification, or deliberate omission of information on this application may result in my failure to be offered a position at the Ice Cream Shack of Sunnyland. Furthermore, information found to be misrepresented, false, or ommitted after being hired by the Ice Cream Shack of Sunnyland may lead to immediate dismissal.					
Applications are valid for 120 days from the date submitted. Persons desiring that their applications be reconsidered at the end of the 120 days, should reapply.					
Applicant's Name (Printed)		Applicants Signature:	Date		