



PERSONAL DATA

Name (Last, MI, First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Numbers Home:	Cell:	Referred By	
Person to contact in case of emergency Full Name		Phone Numbers	Relationship

EMPLOYMENT INFORMATION

Date you can start	Salary desired per hour	Are you at least 16 years of age?					
Are you currently employed?		May we contact your current employer?					
Have you ever applied or worked for Caliche's Frozen Custard or any of its subsidiaries or franchises?		Where?	When?				
Will you work during Spring Break, Christmas Break, Thanksgiving Weekend, Summer School Break and/or other vacation periods?							
Are you available to work Friday, Saturday and/or Sunday Shifts?		How many hours/week can you work?					
Please list below the hours you are available to work.							
	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
TO							
Do you have reliable transportation?				US Military or Naval Service?			

EDUCATION

	Name & Address	Years Attended	Graduated	Field of Study
High School				
College				
Please list all academic achievements and extracurricular activities.				



EMPLOYMENT HISTORY

Date:Month/Year	Name, Address, Phone Numer of Employer	Salary	Position & Duties	Reason for Leaving
To: From:				
To: From:				
To: From:				

REFERENCES: Please list 3 references not related to you and known for at least 1 year.

NAME	ADDRESS	PHONE	BUSINESS
1			
2			
3			

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Criminal Background Check

Once you have been selected for the interview process, we will continue forward with a criminal background check. We have the right to hire or not hire based on any or all findings in the documentation that is returned. This background check is for criminal findings only. Please note that signing this document has no relation to other background checks such as business or financial checks.

Please state that you have read and understood the above statements. By signing this document you are giving Caliche's Frozen Custard authorization to request and receive the documentation necessary to complete your criminal background check.

Caliche's is a Drug-Free Environment

If I am offered employment I agree to submit to a drug test before starting to work. If employed, I also agree to submit to a drug test at any time it is deemed appropriate by the company as permitted by law. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

AUTHORIZATION

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also authorize investigation of all statements contained herein and the references and employers listed above to give Caliche's Frozen Custard any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

By signing below I have read, understand and agree to the above statements

Printed Name

Signature

Date

FOR OFFICE USE ONLY

Remarks:

Approval Code:

Application taken by: