



# BONNIE BRAE ICE CREAM APPLICATION FOR EMPLOYMENT

Please complete this application, print, and sign where appropriate.  
Please submit your application in person during store hours.

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

**Date of Birth:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

<b>EDUCATION RECORD</b>	<b>Name of School</b>	<b>Select Current Grade</b>
Middle School:		
High School:		
College / University:		

**WHAT DAYS/NIGHTS ARE YOU AVAILABLE? WEEKEND AVAILABILITY A MUST. \*\* (enter time available under each day)**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>

**Do you possess a current Driver's License?** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Who referred you to Bonnie Brae Ice Cream?** \_\_\_\_\_

**This job exposes you to company money, food and supplies. Have you ever been convicted of a crime other than a misdemeanor in the past 7 years?** Yes No

**If yes, please explain:** \_\_\_\_\_

***By signing below, applicant agrees to allow a criminal background report to be performed.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent/guardian if applicant is under 18



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**EMPLOYMENT HISTORY:** Please indicate any job where you have received an hourly wage (i.e. Babysitting, house sitting, etc.)

Employer	Contact name & phone	Dates of employment	Title/Duties	Reason for leaving

**Why do you think you would be qualified to work for Bonnie Brae Ice Cream?**

**Are you looking to work here long term or short term (summer job only, summer and school year)?**

**All employees must be vaccinated for COVID in order to work here.**

Have you been vaccinated?

Please submit the dates of vaccination or a copy of your vaccination card.

*I understand that if I am hired, any willful misstatements on this form are grounds for my termination...*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date