



Banana's Ice Cream

1122 North Colony Rd
Wallingford, CT 06492
bananaswallingford@gmail.com

Employment Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when? _____
Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references required.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email Address: _____

Extracurricular Activities

Do you play sports? _____

Do you speak another language? Speak? _____ Write? _____

Hobbies? _____

Previous Employment (E) & Volunteer (V) Work

Company: _____ E or V Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ E or V Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____