

Fill out the application form completely and legibly. An incomplete application may affect your consideration for employment. If necessary, please attach a separate piece of paper for additional information. If questions are not applicable, mark "N/A". Do not leave questions blank and be sure to sign when completed.

Cool Project, LLC is an Equal Opportunity Employer and will not discriminate against an applicant on the basis of race, color, religion, national origin, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally protected status. The information obtained by this application is solely for the purpose to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt./ Unit #

City State Zip Code

Phone: _____ Email: _____

Are you 16 years old or older? Yes ___ No ___

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 been convicted of a felony? Yes ___ No ___

If yes, please explain: _____

How did you hear about "Jeremiah's Italian Ice"? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Are you involved in any extracurricular activities? *This includes sports, student government, community service, hobbies, arts, and educational clubs.*

Employment

Are you currently employed? Yes ___ No ___ If yes, can we contact them for verification purposes? Yes ___ No ___

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

If you do not have previous employment experience, please tell us about yourself and what skills you believe qualifies you for this position. _____

Availability

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you willing to work a changing schedule? Yes ___ No ___ Are you willing to work weekends? Yes ___ No ___

What is the earliest date you can start? _____

References

Please list three professional references who we can contact:

Name: _____ Relationship: _____ Contact info: _____

Name: _____ Relationship: _____ Contact info: _____

Name: _____ Relationship: _____ Contact info: _____

Disclaimer and Signature

I certify that all the information I provided are true and complete to the best of my knowledge.

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

Signature: _____ Date: _____