Personal		Date Applied:							
Name (last name first)					Social Security No.				
Address City		City			State		Z	Zip	
Phone No.									
<b>Employment Desir</b>	ed								
Position			Date yo	ou can start	Salary Desired				
Currently Employed?			May we contact your present employer?						
Ever applied here before?			If so, when?					1?	
Education									
	Nar	ne & Loc	ation	Years a	attended	Did ye	ou gradua	te?	Subjects studied
Grammar School							-		
High School									
College									
General Information	n								
		xills, abilit	ies, or	talents w	hich make	you the	e best cand	didat	te for this position?
		·	-						*
Why would you like	e to w	vork here	rather	than some	ewhere else	e?			
Former Employers					•				
<u>Date employed</u> month/year	N:	ame & addı	ress_	Sa	<u>lary</u>	<u>Po</u>	sition held		Reason for leaving
from									
to									
from									
to									

**Application for Employment** 

from

to

The Hop Ice Cream Cafe, LLC

 Work availability (currently)

 Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

## References

Name	Address	Business	Years known

## **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 give permission to contact my references to inquire information pertinent to my employment here."

Date	Signature	
Remarks (pieas	e do not write below this line)	
L		

The Hop Ice Cream Cafe, LLC 640 Merrimon Ave. Suite 103 Asheville, NC 28804 828-254-2224