

<b>Location Desired: DORAL or KENDALL</b> (please circle one or both locations if available to work at both locations)				
<b>PLEASE COMPLETE PAGES 1-2</b>		DATE _____		
Name				
Last	First	Middle	Maiden	
Present address				
Number	Street	City	State	Zip
How long _____		Social Security No. _____ - _____ - _____		
Home Telephone ( ) _____		Cell Telephone ( ) _____		Email: _____
Birthday: ____/____/____ If under 18, please list age : _____				
Position applied for (1)		Notes:		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YRS	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BEEN CONVICTED OF A FELONY?      No                      Yes				
If yes, please explain.				
<b>PLEASE PRINT ALL INFORMATION REQUESTED</b>				
DO YOU HAVE A DRIVER'S LICENSE?      Yes      No				
What is your means of transportation to work?				
Driver's license number _____		State of issue _____		Operator      Commercial (CDL)      Chauffeur
Expiration date _____				
Please list two references other than relatives or previous employers.				
Name		Name		
Position		Position		
Company		Company		
Address		Address		
Telephone ( ) _____		Telephone ( ) _____		
Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.				

Previous employer	Address		
Name of last supervisor	Your last job title:	Employment dates	Start Date: End Date:
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Previous employer	Address		
Name of last supervisor	Your last job title:	Employment Dates:	Start Date: End Date:
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with **Brain Freeze, LLC.** creates an actual or implied contract of work. I understand that, if I accept this agreement with **Brain Freeze, LLC.** it will be on an at-will basis. This means that either **Brain Freeze, LLC.** or I have the right to terminate the contract relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by **Brain Freeze, LLC.** I release **Brain Freeze, LLC.,** and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize **Brain Freeze, LLC.** to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed contract. I release **Brain Freeze, LLC.** and its employees from all liability arising from such investigation

Employee handbook and acceptance to follow.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Brain Freeze, LLC.** is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with **Brain Freeze, LLC.** depends solely on your qualifications.