



Employment Application

Please select one or both for desired Location
Doral – Kendall – Pembroke Pines

DATE: _____

Name _____

Present address _____ City _____ State _____ Zip _____

Telephone (____) _____ Email _____

Birthday _____ ** Must be over 18 due to State regulations.

Pay desired _____ (Be specific)

How many hours can you work weekly? _____

Days/hours available to work:

No Pref _____ Sun _____ Mon _____ Tue _____ Wed _____

Thurs _____ Fri _____ Sat _____

Available start date? _____

Legally allowed to work in the United States? NO YES

Do you have a driver's license? NO YES

Driver's License Number: _____ State of Issue _____ Expiration date ____/____/____

EDUCATION & TRAINING

Type of School	Name of School	Location	Years	Major or Degree
Highschool				
College				
Business or Trade School				
Professional School				

Please list any skills you have that are appropriate for the position you are applying for:

State fully why you believe you are qualified for a position at Brain Freeze:

EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past TWO employers.

If currently employed, may we contact your employer? **NO YES**

Employer:	Telephone ()		
Street Address:	City:	State:	Zipcode:
Supervisor:	Position Title:		
Reason for leaving (Be Specific)			
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:			

Employer:	Telephone ()		
Street Address:	City:	State:	Zipcode:
Supervisor:	Position Title:		
Reason for leaving (Be specific)			
LIST JOBS HELD, DUTIES PERFORMED, SKILLS USED, & PROMOTIONS WHILE EMPLOYED AT THIS COMPANY:			

Please list two references other than relatives or previous employers:

Name: _____

Company/Position: _____

Address: _____

Telephone _____

How long have you known them: _____

Name: _____

Company/Position: _____

Address: _____

Telephone _____

How long have you known them: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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: _____