

Application for Employment

Terra Verde LLC, is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid information will not be considered for any position.

Applicant Information			
Position Applying For:	Name (First, Middle, Last):		Date Applied: (mm/dd/yyyy)
Street Address:	City, State & Zip:	___/___/___	
Social Security Number: _____-_____-_____	Home Phone:	Work Phone:	Cell Phone:
Email address: (please write clearly)			
Do you own a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what are you means of transportation?	
Do you have a valid driver's license? Copy will be made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance: _____ License #: _____ Expiration date: (mm/dd/yyyy) ___/___/___	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, present original work eligibility documentation. Copies will be made.	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: (mm/dd/yyyy) ___/___/___	
Are you currently employed at Terra Verde?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever been employed at Terra Verde?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current Terra Verde employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, briefly explain:	
How did you learn about this employment opportunity at Terra Verde? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee, who? _____			

Availability				First available date: _____			
Days and time you are Available to Work							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							
Time:							
Time:							
Time:							
Time:							

EDUCATION						
Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						
Experience						
What is your customer service experience?						
What is your coffee experience?						
What is your restaurant experience?						
SKILLS						
Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)						
Interests						
List any volunteer work you do?						
List all hobbies and what you like to do in your spare time?						

SCOOPS ICE CREAM HOUSE

Scooparistas Application Addendum

Name: _____

Hours per week available to work:

_____ Min 10hrs/wk required for 16yr and older.

_____ Min 5hrs/wk required for under 16yrs.

Which of the following times will you be able to work (check all that apply)?

_____ Afternoons after school (3:15)

_____ Weekend Days

_____ School Nights

_____ Weekend Nights

_____ Days During School Vacations

_____ Weekdays

We require you to work at least 2 of our major holiday work days/weekends. **Please commit to the 2 you will be available for:**

_____ Father's Day Weekend

_____ 4th of July

_____ Labor Day Weekend

_____ Crafty Apple Fest

_____ Memorial weekend

_____ Fair Weekend

What is your favorite flavor if ice cream?

Do you have any planned vacations for the summer? If so, when?

Describe any groups that you are a member of and the times they meet (sports, forensics, band etc.)

Would you rather make ice cream in the back room or serve customers up front? Why?

Working in an ice cream house looks like fun, and it can be, however it is also a lot of work. You will need to work when others are out having fun. While we want you to enjoy working here, you will be required to always keep a cheerful appearance, greet our customers when they walk in the door and leave. Some of your duties would include picking up trash, cleaning dishes, floors and bathrooms etc. If you think you can handle this and are excited to be a member of our team, please tell us why you would be a good fit for Scoops Ice Cream House.

WORK EXPERIENCE

Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Terra Verde reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
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Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
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Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Terra Verde LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Terra Verde LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: (mm/dd/yyyy) ____/____/____