

APPLICATION FOR EMPLOYMENT

http://www.brusters.com

www.brustersannapolis.com

Stay f	or Treats,	LLC	, F	ranchisee						
	am is an equal opport onal origin, disability							on any basis including Date	g race, color, age,	
Name (Last)			First)	(Midd	(Middle)		Social Security No. (optional until hired)			
Address				City		;	State	Zip		
Phone Number (best number to reach you)			Alternate nui		How many hours per week would you like to work?					
SUMMER: WINTER: Openin Closing	g staff typically starts staff typically requir	m (11pm (10pm s between res 30 min	om close m close I 9:00 and 11:0 utes after stor	Fri. & Sat Fri. & Sat OOAM. re hours to close	the shop.		will be schedu	iled to close at least	one night per week.	
Day	Mon	Tu		Wed		iurs	Fri	Sat Sat	Sun	
From										
То										
	tivities that may perional handicap or national		ffect you avail	lability, such as s	sports, m	usic, school,	etc (Exclude	activities that indica	e race, creed, color,	
If you are under 1	8 years of age, pleas	e state you	ır date of birth	n/	_/	If under 1	18 years of age,	how old are you?		
Are you able to p	erform the essential c	luties of th	ne job for whi	ch you are apply	ing? Ye	s / No I	f no, please des	cribe:		
Do you have relia	ble transportation to	work? Y	es / No	Are you	legally e	ligible for e	mployment in th	e United States? Yes	s / No	
				School Most Re	ecently A	ttended				
Name					v	City / State	e			
		Grac	nde GPA mpleted		Gı	aduated	d Now Enrolled			
		Com			YES NO		YES NO	YES NO		
Extracurricular	Activities (band, cho	ir, student	council, footl	oall, etc)	·					
				Personal 1	Referei	ıces				
Name			Name					Name		
Address			Address				Address	Address		
Telephone			Telepho	Telephone				Telephone		

Company Name		Address	C	ity State
Phone	Job Title		Supervisor	Dates worked: From / To
Salary		Reason for leaving		
Why would you	like to work for Bruster's?			
Have you ever we	orked at a Bruster's store before	? If so, why did you lea	ave?	
What does custor	mer service mean to you?			
	List any additional infor	nation you would like	us to know (awards, special skills, recogni	tion received)
3. The custometric forms of the custometric forms of the correct forms of the custometric forms		est total is for \$5.11. Text Answer) one nickel four pennies wo dimes, four pennies one penny one nickel, one penny one dime, one penny one dime, one penny one dime, two nickels, two dimes, two dim	o pennies	
		PLEASE READ CAR	EFULLY BEFORE SIGNING	
1. I understand that certify that I have a knowledge and understards reserves. These policies do a marke whatever inquired whatever inquired considerations. S. I unsatisfaction of Brussetting and Consideration.	read and fully completed both siderstand that any omission or errither right to amend or modify the not create any promise or contract ate my employment at any time, quiries either personal, work-relater my application, I hereby releasing out of Bruster's verification derstand that if an offer of employment to undergother.	affidentiality and/or non- des of this application a coneous information is g policies in its Handboo ctual obligation betweer for any reason, with or ted, or through a consul- ase Bruster's, and any a n of the information pro- oyment is made to me is to that physical examina	e following: -compete agreement, should I become an emport of that the information contained on this approunds for dismissal in accordance with Brustek, or conveyed verbally, and other policies an Bruster's and its employees. At Bruster's, without cause, and Bruster's retains the same mer agency that may be necessary. In exchanged all persons or organizations contacted by ovided in this application, and other job-related to the may be contingent upon my completion of ation, which may include any and all tests and to limited to blood tests, urinalysis, and x-ray	dication is correct to the best of my ster's policy. 3. I acknowledge that it any time, without prior notice. my employment is at will. This means e rights. 4. I authorize Bruster's to nge for Bruster's agreement to receive. Bruster's from any and all claims or ed information arising from such a physical examination to the d procedures determined by Bruster's
Applicant's Signa	ature		Date	
If under age 18, p	parent/guardian signature		Date	