

## EMPLOYMENT APPLICATION

HellMi and Screams Ice Cream & Souvenirs  
4045 Patterson Lake Road  
Hell, Michigan 48169  
734-878-2233

It is the policy of HellMi and Screams Ice Cream & Souvenirs to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, sexual orientation or expression, national origin, age, disability, marital status, veteran status, or any other status protected by Local, State or Federal laws.

Legal Name: \_\_\_\_\_  
Maiden Name or Other Names Used: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
Issuing State of Driver's License: \_\_\_\_\_

### Emergency Contact Information

Who should be contacted if you are involved in an emergency?  
Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Job Position applying for: \_\_\_\_\_

Are you able to perform the essential functions of the job position with or without reasonable accommodations? Yes / No

What reasonable accommodation(s), if any, would you require? \_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment within the United States of America? Y / N

How did you hear about our company? \_\_\_\_\_

We are open seven days a week, including Holidays, with extended hours on the weekends and evenings. Please list your days and times of availability. Also, please list the limitations you have for availability.

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If you are offered employment, when would you be available to work your first shift? \_\_\_\_\_

Please list any skills that may be useful for the job you are seeking. Enter the number of years of experience and list the number which corresponds to your ability for each particular skill. (1 represents poor ability, while 5 represents exceptional ability.)

<b>Skill</b>	<b>Years of Experience</b>	<b>Ability/Rating</b>
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### **Employment History**

Please list your current or most recent employment first. You can also attach your resume and note any missing information.

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Supervisor Name and Extension: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Rate of Pay Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor Name and Extension: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_  
Rate of Pay Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor Name and Extension: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_  
Rate of Pay Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

### **Education and Training**

High School Name and Address: \_\_\_\_\_  
Highest grade completed: \_\_\_\_\_ Diploma?: Y / N  
Dates of Attendance: \_\_\_\_\_  
Years attended: \_\_\_\_\_

College Name and Address: \_\_\_\_\_  
Degree?: Y / N If yes, Degree received: \_\_\_\_\_  
If no, highest level completed: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Years attended: \_\_\_\_\_

#### Vocational, Technical, or Graduate Studies

Name and Address of School: \_\_\_\_\_  
Degree/Certificate: \_\_\_\_\_ If yes, Degree received: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_  
Years attended: \_\_\_\_\_

#### Other Training

Name and Address or Contact information: \_\_\_\_\_  
Type of Training/Degree/Certificate/Completion: \_\_\_\_\_  
\_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

**Awards, Honors, Special Achievements:**

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**References:**

Please list three people who are able to provide a reference for you.

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Please provide any other information that you believe should be considered.

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