

Dairy Queen of Howland

6033 East Market Street
Warren, Ohio 44484
330-609-5070

Last Name:		First Name:		Middle Name:	
Maiden Name:			Social Security Number:		
Current Mailing Address:		Street:		City:	Zip:
Permanent Address (if different from above):		Street:		City:	Zip:
Phone number: ()		Are you 18 or older?		Yes	No, if not, age
Date of application:					
Are you leagally authorized to work in the United States?		Yes	No		

Position Applying For:

Hours available:		Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.	Date available:	
From:									Salary acceptable:	
To:									Per hr.	Per mo.
Are you interested in:		Full time		Part time		Temporary		Summer		Other
Total hours available per week:						Total number of shifts available per week:				
Have you ever worked for a fast food franchise before?		Yes		No						
If yes, for whom?		From: / /		To: / /						
Were you referred to this job? If so, by whom?										
Have you ever been convicted of a crime other than a minor traffic violation?(This information MAY be considered in hiring or job placement, but will not automatically disqualify you for employment)										
No	Yes	(If yes, explain)								

Personal References:

List three personal references which can be contacted. (Other than relatives or former employers)										
1.Name:		Phone number:								
2.Name:		Phone number:								
3.Name:		Phone number:								

Education:

Highest Grade completed:				Post Secondary				Other (please specify)				GPA:
7	8	9	10	11	12	1	2	3	4			

Activities and Hobbys:

Class organizations, Scholastic Honors and other school activities: (At your discretion you may exclude organizations which indicate race, disability, age, sex, creed, national origin religion, or other protected class)										
Hobbies and recreational interests:										

Employment Record:

Name & address of Present Employer:					Employment Dates:					
					From: / / To: / /					
Supervisor's Name:			Title:		Phone:					
Your position:			Starting Salary:		Final Salary:					
Reason for leaving:										
May we contact this employer?		Yes, immediately			Yes, at a later date			No, do not contact		
Name & address of most recent employer:					Employment Dates:					
					From / / To / /					
Supervisor's Name:			Title:		Phone:					
Your position:			Starting Salary:		Final Salary:					
Reason for leaving:										
May we contact this employer?		Yes, immediately			Yes, at a later date			No, do not contact		