



### SCHOOLS ATTENDED

1 school name:	address	
degree:	major:	GPA:
graduated_____	currently enrolling_____	
2. school name:	address	
degree:	major:	GPA:
graduated_____	currently enrolling_____	

### EMPLOYMENT

1 company name	phone:	address:
job title:	supervisor:	dates worked: From_____ to_____
salary:_____	reason for leaving:	
2. company name	phone	address:
job title:	supervisor	dates worked: from_____ to_____
3. company name	phone:	address:
job title:	supervisor:	dates worked: From_____ to_____
salary:_____	reason for leaving:	

May we contact your current employer? yes\_\_\_\_\_, no\_\_\_\_\_

I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employe of The Dreamy Spoon Frozen Desserts LLC. I certify that I have read and fully completed all sides of this application and that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with The Dreamy Spoon's policy. I acknowledge that The Dreamy Spoon reserves the right to amend or modify the policies in its handbook, or conveyed verbally, and other policies at any time, without prior notice. These poli-cies do not create any promise or contractual obligations between The Dreamy Spoon and its employees. I understand that my employment with The Dreamy Spoon may be terminated by the owners without any rea-son throughout the duration of my employment. I authorize The Dreamy Spoon to make whatever inquiries either personal, work-related, or through a consumer agency that may be necessary. In exchange for the The Dreamy Spoon's agreement to receive, process, and consider my application. I hereby release The Dreamy Spoon and any and all persons or organizations contacted by The Dreamy Spoon from any and all claims or causes of action arising out of The Dreamy Spoon's verification of the information provided in this application, and other job related information arising from such verification. My signature below indicates that I have read, understand, and agree to the above terms.

APPLICANT'S SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

IF UNDER AGE 18, PARENT/GUARDIAN SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_