



1492 Bethel Rd  
Columbus, OH  
614.326.2064

1352 Cherry Bottom  
Gahanna, OH  
614.473.1049

at Easton Chiller  
3600 Chiller Ln  
Columbus, OH  
614.337.0274

at Chiller North  
8144 Highfiled  
Lewis Center, OH  
740.657.3338

at Dublin Chiller  
7001 Dublin Pk Dr  
Dublin, OH  
614.659.0125

# Employment Application

**Instructions:** Provide all information requested by **neatly printing** in ink. Be sure to date and sign the application.

Last Name		First Name		Middle Name	
Street Address			City	State	Zip Code
Social Security Number		Home Phone ( )		Daytime Phone ( )	
Date of Birth		Age		Marital Status	

Date Available to Start:	Desired Hours per week:	Desired Wage: \$
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**Availability:** (please list times when you will be able to work for each of the following days)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please indicate your answer to each of the following questions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years or older?
<input type="checkbox"/>	<input type="checkbox"/>	If you are under 18, can you provide required proof of your eligibility to work?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever applied to / or worked for the company before? If so, when?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed?
<input type="checkbox"/>	<input type="checkbox"/>	If so, can we contact your current employer?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been terminated from a previous job? If so, explain.
<input type="checkbox"/>	<input type="checkbox"/>	Have you been released from prison or convicted of a felony in the past 10 years?
<input type="checkbox"/>	<input type="checkbox"/>	Are you available to work holidays?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have reliable transportation?
<input type="checkbox"/>	<input type="checkbox"/>	Would you be willing to work at any store location? List preference(s)...

## Education:

High School	Location (City & State)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____	G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Location (City & State)	Dates (From/To) to	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Major(s)	Full Years Completed	Degrees Conferred	Credit Hours

**Previous Employment:** This section must be completed in detail. Starting with your present or last job, describe your work experience during the past 10 years. Include any job-related military service assignments and volunteer activities.

<b>Current / Most Recent Employer</b>		Address		Phone ( )	
Supervisor's Name		Dates Employed (Mo./Yr.) to		Start Wage \$	Final Wage \$
Duties / Job Description		Reason for leaving or considering change			
<b>Previous Employer</b>		Address		Phone ( )	
Supervisor's Name		Dates Employed (Mo./Yr.) to		Start Wage \$	Final Wage \$
Duties / Job Description		Reason for leaving or considering change			
<b>Previous Employer</b>		Address		Phone ( )	
Supervisor's Name		Dates Employed (Mo./Yr.) to		Start Wage \$	Final Wage \$
Duties / Job Description		Reason for leaving or considering change			

