

STUDENT EMPLOYMENT APPLICATION



NAME _____ AGE _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

BIRTHDATE _____ SOCIAL SECURITY # _____

EMAIL ADDRESS _____

EXTRA-CURRICULAR ACTIVITIES (CLUBS, SPORTS, ETC.) _____

TEACHER REFERENCES:

1. NAME _____ SCHOOL _____ PHONE _____

2. NAME _____ SCHOOL _____ PHONE _____

ANY PREVIOUS WORK EXPERIENCE? _____

FAMILY VACATION _____

HOW MANY DAYS CAN YOU WORK? _____ HOURS _____

ARE YOU WILLING TO WORK WEEKEND NIGHTS? (MISS GAMES, ETC.) _____

ARE YOU ABLE TO WORK DAYS AND NIGHTS? _____

CAN YOU WORK WEEKDAY / WEEKEND NIGHTS DURING THE SCHOOL YEAR? _____

ARE YOU LOOKING FOR A SUMMER ONLY JOB OR A YEAR ROUND POSITION?

DO YOU KNOW ANYONE WHO WORKS AT HANDEL'S? _____

WHY DO YOU WANT TO WORK AT HANDEL'S? _____

WHAT PERSONAL QUALITIES WOULD MAKE YOU A GOOD HANDEL'S EMPLOYEE? _____

APPLYING FOR POSITION AT FISHERS OR CARMEL STORE? _____

PARENTS / STUDENTS - PLEASE REVIEW THE ENTIRE APPLICATION BEFORE SIGNING

STUDENTS SIGNATURE _____ DATE _____

PARENTS SIGNATURE _____ DATE _____

BACK PAGE INCLUDES INFORMATION REGARDING ORIENTATION AND NECESSARY STARTING DOCUMENTS.

CONCERNING THE HOURS OF ORIENTATION

ORIENTATION HOURS ARE FOR THE SOLE PURPOSE OF EVALUATING TRAINEE’S ABILITY TO PERFORM THE NECESSARY DUTIES WHILE BEING EMPLOYED AT HANDEL’S. THE ORIENTATION PERIOD CAN TAKE UP TO 12 HOURS OR MORE, DEPENDING ON THE ABILITY OF THE APPLICANT. TRAINEES WILL BE COMPENSATED USING INDIANA TRAINING RATE OF \$4.25 PER HOUR FOR THE FIRST 12 HOURS, WHICH INCLUDE CLASSROOM DAYS AND TRAINING SHIFTS. EMPLOYEES WILL EARN THEIR HIRED RATE AFTER CLASSROOM HOURS AND TRAINING SHIFTS HAVE BEEN COMPLETED, OR THE FIRST 12 HOURS, WHICH EVER COMES FIRST. IN THE EVENT THE TRAINEE IS NOT HIRED DUE TO THEIR OWN INABILITY TO PERFORM OR QUILTS DURING THE TRAINING PERIOD, THERE WILL BE NO COMPENSATION FOR THESE HOURS.

TRAINEE’S SIGNATURE _____
PARENT’S SIGNATURE _____

TRAINING CANNOT BEGIN UNTIL A COMPLETED SCHOOL WORK PERMIT AND W-4 IS SUBMITTED TO HANDEL’S STORE MANAGER

HANDEL’S HOMEMADE ICE CREAM
2466 E. 146th Street
Carmel, IN 46033
317-705-1855

***** DO NOT COMPLETE BELOW THIS LINE, FOR HANDEL’S USE ONLY *****

STARTING SALARY _____
RAISE _____ DATE _____
RAISE _____ DATE _____
RAISE _____ DATE _____
POSITION _____
COMPLETED W-4 AND SCHOOL WORK PERMIT SUBMITTED? _____