

Employment Application

Campbells Frozen Custard

4125 Merchant Plaza, Woodbridge VA 22192
 PH: 571-285-1711



DATE: _____

FULL NAME:

ADDRESS:

(including town)

PHONE:

(Cell)

EMAIL:

Are you a U.S. Citizen or do you have an entry permit
 which allows you to work in the United States?

YES ____ NO ____

EDUCATION:

SCHOOL NAME (include all if more than 1 attended)

No. of years attended?

Did you graduate?

PREVIOUS WORK EXPERIENCE:

NAME & ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM	TO	DESCRIBE THE WORK YOU DID	LAST WAGE	REASON FOR LEAVING	NAME OF SUPERVISOR

Campbells Frozen Custard Employment Application - continued



Frequently we will need coverage at both locations. If you are only able to work at one specific store (Lake Ridge or Stonebridge) please circle which one, and tell us why

Working on weekends is **mandatory**. If you are unable to consistently be available for weekend shifts, this is not the job for you. Please list any reasons you may not be able to work weekends (school sports, activities etc)

How many shifts/hours per week are you hoping to work?

Circle One

(1) 4-6 Hours

(2) 8-13 Hours

(3) 13-20hours

(4) 20+

Are you interested in working during the summer only or year round? _____

Are you under 16 years of age? Yes _____ No _____

If under 16, you will need to obtain a work permit through VAeECS after having been offered a position

How will you get to work? _____

What's your favorite Custard flavor? _____

1. I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.
2. I understand that false statements on this application may be cause for dismissal without notice.
3. I agree that all former employers may furnish Campbells Frozen Custard with information regarding record of my service, character, and reason for leaving. I release all former employers from all liability for providing such information.

DATE: _____ SIGNATURE OF APPLICANT: _____