



**APPLICATION FOR EMPLOYMENT**

HUFF ICE CREAM MFG & DIST are an equal opportunity employer, and do not discriminate in recruitment, employment, compensation, benefits, transfers, promotions or terminations based on race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, physical or learning disability, veteran status, present or past history of mental disorder, or mental retardation.

Date of Application: \_\_\_\_\_  
(PLEASE PRINT)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone : (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE AREA CODE

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

**Only United States Citizens or lawful Aliens who have a legal right to work in the United States are eligible for employment.**

Can you, after offer of employment, submit verification of your legal right to work in the United States? Yes  No

**Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than three business days after start of employment. Not producing the appropriate documents within this time frame could result in immediate termination of employment.**

Do you have any relatives or friends who work for HUFF ICE CREAM MFG & DIST? Yes  No

If yes, please specify name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Organization: \_\_\_\_\_

Do you speak, read, or write English?  Yes  No

Do you speak, read, and/or write any language(s) besides English?  Yes  No

If yes, what language(s): \_\_\_\_\_  Speak  Read  Write

Do you have the following valid licenses? Name the state(s) of operator's license: \_\_\_\_\_

Drivers License  PSL  CDL

**If you are hired for a position that requires a Public Service License (PSL), Commercial Drivers License (CDL), and/or a Student transportation Vehicle endorsement (STV), you MUST obtain each credential from the Department of Motor Vehicles within the first 90 calendar days after the start date of employment. Failure to obtain each credential within this time frame could result in termination of employment.**

How were you referred to HUFF ICE CREAM MFG & DIST?

Last Name:

First Name:

Middle Name:

Newspaper: \_\_\_\_\_

Employee/Referral: \_\_\_\_\_

College/School: \_\_\_\_\_

Walk-in  Internet

**EMPLOYMENT OBJECTIVE**

Position (s) desired: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date Available to start Work: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Are you available to work:

Full Time  Part Time  Temporary  Summer only  Fill in as needed

Provide day(s) & time(s) available below:  
\_\_\_\_\_

Shift Preference:

Day  Evening  Overnight

Days Available:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Have you ever applied to HUFF ICE CREAM MFG & DIST before? Yes  No  If yes, when? \_\_\_\_\_ Which Organization?  
\_\_\_\_\_

Have you ever been employed at HUFF ICE CREAM MFG & DIST? Yes  No  If yes, when? \_\_\_\_\_ Which Organization?  
\_\_\_\_\_

**ACTIVITIES**

If you participate in any educational, professional or community-related activities or groups and you would like to indicate your involvement, please do so. However, please do not list any group or activities that you are involved in that might indicate your race, sex, age, disabilities, or other similar characteristics.

**EDUCATION AND TRAINING**

	High School	College	Trade/Business/ Graduate/etc.	Additional Degrees
School Name				
Address				
Did you graduate?				
Diploma/Degree/Date				

**MILITARY BACKGROUND**

Branch of Military Service	Dates Served		Rank at Time of Discharge	DD214 #
	From	To		

**Employment History**

**(MUST BE COMPLETED—ALSO ATTACH RESUME/C.V., IF AVAILABLE)**

List below your last three (3) employers, starting with the present or most recent employer first.

Employer's Name	Telephone ( )	Dates Employed		Major Responsibilities
		From	To	
Address				
Current Position		Hourly Rate/Salary		

	Starting	Final	
Supervisor's Name			
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer's Name	Telephone (      )	Dates Employed		Major Responsibilities
		From	To	
Address				
Current Position	Hourly Rate/Salary			
	Starting	Final		
Supervisor's Name				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name	Telephone (      )	Dates Employed		Major Responsibilities
		From	To	
Address				
Current Position	Hourly Rate/Salary			
	Starting	Final		
Supervisor's Name				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer's Name	Telephone (      )	Dates Employed		Major Responsibilities
		From	To	
Address				
Current Position	Hourly Rate/Salary			
	Starting	Final		
Supervisor's Name				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### References

**Please provide three (3) professional references** whom we may contact, and who have evaluated your current or past employment history. If you have no work experience, list people (**other than relatives or friends**) who you know (example: teacher, supervisor, guidance counselor):

Name:	Company:
Work Phone: (      ) AREA CODE	Relationship:
Home and /or Cell Phone: (      )	Email Address:

Name:	Company:
Work Phone: (      ) AREA CODE	Relationship:
Home and /or Cell Phone: (      )	Email Address:

Name:	Company:
Work Phone: (      ) AREA CODE	Relationship:
Home and /or Cell Phone: (      )	Email Address:

**PLEASE READ THIS NOTICE BEFORE COMPLETING THIS SECTION:**

You are not required to disclose the existence of any of the following arrests, criminal charges or convictions, the records of which have been erased: (1) a finding of delinquency or that you were a child of a family with service needs; (2) adjudication as a youthful offender; or (3) a criminal charge that has been dismissed or a criminal charge that was nolle at least thirteen months ago. If you have criminal records that have been so erased, you are deemed to have never been arrested.

**(MUST BE COMPLETED)**

Have you ever been convicted of, or plead guilty to, a violation of Narcotic drug law, or any laws related to sexual offenses?

Yes                       No

If yes, please provide dated details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, or pled to, a misdemeanor or felony?

Yes                       No

If yes, please provide dated details: \_\_\_\_\_

\_\_\_\_\_

**An arrest or conviction will not necessarily make you ineligible for employment with HUFF ICE CREAM MFG & DIST**

Have you ever had an incident investigated, currently in process, or ultimately substantiated through either the department of Children and Families (DCF), Department of Mental Retardation (DMR) or the Office of Protection and advocacy in any State?

Yes                       No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

If yes, please provide details and indicate whether there is any current investigation or litigation in process:

\_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please read and sign acknowledgement and authorization on this application.**

**ACKNOWLEDGEMENT**

I understand and agree that any misrepresentation or falsification of any information provided in the course of the Endicott HUFF ICE CREAM MFG & DIST selection process, including communications related to my medical examination, is grounds for rejecting my application for employment within HUFF ICE CREAM MFG & DIST or terminating my employment within HUFF ICE CREAM MFG & DIST without notice or recourse.

In the event that I am offered and accept employment with HUFF ICE CREAM MFG & DIST I understand that my employment within HUFF ICE CREAM MFG & DIST will be as an at-will employee, meaning that either I or HUFF ICE CREAM MFG & DIST has the right to terminate the employment relationship at any time, with or without cause and with or without prior notice. Furthermore, I also understand and agree that statements or representations by or on behalf of HUFF ICE CREAM MFG & DIST including the handbook or policy of provisions concerning benefits, compensation or any other aspect of employment, are not contractual and all such items and conditions of employment are subject to change by HUFF ICE CREAM MFG & DIST at any time. I also understand and agree that HUFF ICE CREAM MFG & DIST cannot be bound to any term or condition of employment except by a specific writing signed by the President/Chief Executive Officer within the organization of your potential employment.

I certify that the information provided in this application is true and complete to the best of my knowledge and belief.

I understand and agree that prior to commencement of any employment within HUFF ICE CREAM MFG & DIST, I may be asked to submit a medical examination which may include drug urinalysis, and that I must test negative for unauthorized drug use.

I understand that position descriptions, compensation, benefits, policies and procedures may significantly differ within any HUFF ICE CREAM MFG & DIST affiliate.

**By entering my complete printed name on this application, I intend and consent to the use of my handwritten signature as provided under applicable federal and state law. My handwritten signature shall only apply to these Terms and Conditions. This authorization for will include and remain in full force and effect while application for employment is being considered, during employment and up to and including departure from service.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT/REFERENCE INFORMATION**

PLEASE TYPE OR PRINT

I: \_\_\_\_\_, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME  
(PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, HUFF ICE CREAM MFG & DIST may use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to HUFF ICE CREAM MFG & DIST. HUFF ICE CREAM MFG & DIST will use Evolution Consulting LLC as an agent to perform its employment related background investigations.

Evolution Consulting LLC may utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to HUFF ICE CREAM MFG & DIST and Evolution Consulting LLC.

I request, authorize and consent to the procurement of an Investigative Consumer Report and/or Consumer Credit Report and understand that they may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by, HUFF ICE CREAM MFG & DIST if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to: HUFF ICE CREAM MFG & DIST

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release, HUFF ICE CREAM MFG & DIST, Evolution Consulting LLC, its agents and all persons, agencies and entities providing information or reports about me from any liability arising out of the request for or release of any of the above mentioned information or reports. This disclosure further serves as a request that any present or former employer, police department, educational or financial institution or other person having personal knowledge about me to furnish Evolution Consulting LLC and its affiliates or representative any and all information in their possession regarding me in connection with my application for employment. A photocopy/facsimile of this authorization may be accepted with the same authority as the original and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I authorize HUFF ICE CREAM MFG & DIST or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to HUFF ICE CREAM MFG & DIST or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability HUFF ICE CREAM MFG & DIST and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by HUFF ICE CREAM MFG & DIST or its agents, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand HUFF ICE CREAM MFG & DIST employs only individuals who are legally eligible to work in the United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name as it appears on Driver's License

Date of Birth  
\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_  
Name as it appears on Social Security card

Drivers License #  
  
\_\_\_\_\_

Social Security Number  

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State \_\_\_\_\_

**Other names you have used or are also known as:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_