



Haagen-Dazs Shops of Washington, D.C.  
 3120 M St., N.W. Washington, D.C. 20007  
 Tel. 202-333-3443

Application Date \_\_\_\_\_

Received by \_\_\_\_\_

*We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, sex or age. Please advise us if any accommodation is needed to participate in the application process.*

Name	Position desired		
Email address	Salary/Wage desired	Date you can start	
Address	Hours desired	full time	part time
City	State	Zip	Are you willing to work overtime as requested? Yes No
			If hired, would you have reliable transportation to work? Yes No
Home phone	Cell phone	Age: Are you at least 18 years old?	Yes No
			Are you at least 21 years old? Yes No

**The Ice Cream Shop industry requires day, evening, night and weekend work. State the exact hours you are available for work:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							

### WORK EXPERIENCE

List your experience beginning with your most recent position; if additional space is needed, attach an additional sheet.  
 BE SURE TO INDICATE ANY EMPLOYER OR SUPERVISOR WHOM YOU DO NOT WANT US TO CONTACT.

Employer	Phone	Employer	Phone
Address		Address	
Starting Position	Starting Salary	Starting Position	Starting Salary
Last position	Final Salary	Last position	Final Salary
Dates Employed	Supervisor	Dates Employed	Supervisor
From	to	From	to
Duties		Duties	
Reason for leaving:		Reason for leaving:	

  

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Reason for leaving:		Reason for leaving:	

### EDUCATION & TRAINING

SCHOOL NAME, CITY AND STATE FOR EACH	YEARS COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER TRAINING			
List languages other than English that you speak fluently			

**ADDITIONAL EMPLOYMENT HISTORY INFORMATION**

If you have ever worked for Haagen-Dazs in the past, state where, when, final position, supervisor and reason for leaving:

Have you ever been dismissed or forced to resign from any employment? Yes No  
If yes, please explain:

Except for vacations and holidays, how many days were you absent from work during the past 12 months?  
0-6 days 7-12 days 13-20 days +21 days  
Comments

**PERMISSION TO WORK**

If employment is offered, can you produce identification such as a U.S. Passport, driver's license or state issued photo ID?  
Yes No

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?  
Yes No

**EMERGENCY NOTIFICATION**

Person to notify in case of emergency: Phone number Relationship

Address city State Zip

**MILITARY SERVICE**

**CAREER OBJECTIVES**

Have you ever served in the U.S. armed forces?  
Yes No

Which branch? \_\_\_\_\_

Indicate any special job training received.

Why are you interested in working at Haagen-Dazs AND what are your career objectives?

**REFERRAL SOURCE (CIRCLE ONE)**

Walk-in applicant School (name) \_\_\_\_\_  
Newspaper ad Employment agency (name) \_\_\_\_\_  
Other \_\_\_\_\_ Employee referral (name) \_\_\_\_\_

**APPLICANT'S STATEMENT**

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT ANY FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES, AGREE TO COOPERATE IN SUCH INVESTIGATION, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS AND CORPORATIONS REQUESTING OR SUPPLYING INFORMATION.

I HEREBY AGREE TO SUBMIT TO ANY LAWFUL DRUG, INTEGRITY OR SKILLS TESTING THAT MAY BE REQUIRED AS CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT AND UNDERSTAND THAT RESULTS FROM ANY SUCH TESTING MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE. I FURTHER AGREE TO SUBMIT TO SEARCH OF MY PERSON OR OF ANY LOCKER THAT MAY BE ASSIGNED TO ME, AND HEREBY WAIVE ALL CLAIMS FOR DAMAGES ON ACCOUNT OF SUCH EXAMINATION.

I UNDERSTAND THAT THIS APPLICATION IS VALID FOR 90 DAYS; I WILL REAPPLY AFTER THAT TIME IF I AM STILL INTERESTED IN EMPLOYMENT. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS TERMINABLE AT WILL, AND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE A CONTRACT FOR CONTINUED EMPLOYMENT.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_