

Smoothie King Online Application Instructions

1. Fill out application
2. Use page 3 to indicate the following items:
 - a. Which store location you prefer:
 - i. Kirkwood
 - ii. Creve Coeur
 - b. Both summer and fall/spring availability
 - c. Number of hours you'd like to work each week
 - d. Any other pertinent information
3. Submit completed application using either:
 - a. Fax - 314.576.4701 OR
 - b. Email - 334@smoothiekingstl.com

Employment Application

Pre-Employment Questionnaire

Equal Opportunity Employer

PERSONAL INFORMATION			
Name (Last Name First)			SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF APPLICATION	REFERRED BY	

EMPLOYMENT DESIRED		
POSITION	DATE AVAILABLE TO START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? CIRCLE ONE: YES NO	IF SO, MAY WE CONTACT YOUR EMPLOYER?	YES NO
HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO	IF SO, WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED/GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____ Yrs. / YES NO	
HIGH SCHOOL	_____ Yrs. / YES NO	
COLLEGE	_____ Yrs. / YES NO	
TRADE, BUSINESS, OR OTHER	_____ Yrs. / YES NO	

GENERAL		
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS		
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO		EXPLAIN:
MILITARY SERVICE? YES NO	WHICH BRANCH?	RANK

FORMER EMPLOYERS (List below your last four employers, starting with the last one first)					
FROM:	TO:	NAME AND ADDRESS	SALARY:	POSITION:	REASON FOR LEAVING
FROM:	TO:	NAME AND ADDRESS	SALARY:	POSITION:	REASON FOR LEAVING
FROM:	TO:	NAME AND ADDRESS	SALARY:	POSITION:	REASON FOR LEAVING
FROM:	TO:	NAME AND ADDRESS	SALARY:	POSITION:	REASON FOR LEAVING

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REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)			
NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE AGREEMENT FORGOING, UNLESS IT IS IN WRITING SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

REMARKS			
HIRE DATE	START DATE	POSITION	WAGE

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