

## Smoothie King Application Instructions

1. Completely fill out application on following pages
2. Use page 3 to indicate the following items:
  - a. Which store location you prefer:
    - Rock Hill
    - Florissant
    - Westport Plaza
    - Maryland Heights
    - Creve Coeur
    - Kirkwood
  - b. Both summer and fall/spring availability
  - c. Number of hours you'd like to work each week
  - d. Best time to contact you
  - e. Any other pertinent information
3. Submit completed application:
  - a. In person at store OR
  - b. Via fax 314.485.8824 OR
  - c. Via email [work@smoothiekingstl.com](mailto:work@smoothiekingstl.com)

# Employment Application

Pre-Employment Questionnaire

Equal Opportunity Employer

<b>PERSONAL INFORMATION</b>			
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	

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

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

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

<b>FORMER EMPLOYERS</b> (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

# Employment Application

Pre-Employment Questionnaire

Equal Opportunity Employer

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

# **Employment Application**

*Pre-Employment Questionnaire*  
*Equal Opportunity Employer*