

APPLICATION FOR EMPLOYMENT

Please type or print clearly and provide all requested information. Use "Refer to Resume" only to provide a detailed "Description of Duties, Responsibilities" on reverse side.

It is the policy of Blue Scoop Creamery ("Blue Scoop") to provide equal opportunity in employment and advancement without regard to race (inclusive of traits historically associated with race, including, but not limited to, hair texture and protective hairstyles), religion (including religious dress and grooming practices), creed, color, age, sex, national origin, sexual orientation, gender, gender identity, gender expression, genetic information, physical or mental disability, marital status, military status, citizenship status or any other basis protected by federal, state or local law or ordinance. Should an applicant need a reasonable accommodation in the application process, he/she should contact a Blue Scoop representative. Blue Scoop will consider for employment all qualified applicants, including those with criminal histories, in a manner consistent with the requirements of applicable state and local laws.

Personal

Last Name		First Name		M.I.	Application Date	
Address		City		State	Zip	Email Address
Daytime Phone Number		Evening Phone Number			Cellular Phone Number	
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If offered employment, can you provide verification of your legal right to work in the U.S.?						
Yes		No				

General Information

Position Desired		Full-time or part-time?				Date Available			
How were you referred to us?		Will you work overtime?				Will you work weekends?			
		Yes		No		Yes		No	
Are you over 18 years of age or older?		If you are not 18 or older, what is your birthdate?							
Yes		No							

Have you applied to work at Blue Scoop in the past?					Yes		No	
If yes, state when.								
Do you have any friends or relatives employed by Blue Scoop?					Yes		No	
If yes, state name and job:								
Are you able to perform the essential duties of the position for which you are applying either with or without reasonable accommodations? Yes No								
If applicable, please indicate what type(s) of reasonable accommodations are needed.								

Employment History

List present employer first. Include periods of time for the past ten (10) years whether employed or unemployed, including volunteer work and active military service (use additional forms if necessary). Use "Refer to Resume" only to provide detail in "Description of Duties and Responsibilities."

1	From (Month/Year)	To (Month/Year)	Total Months/Years	
Employer/Business Name:				
Main Office Address:			Manager's Name:	
City:		State:	Zip:	
Reason for leaving:			Name of Your Supervisor:	
Starting Position:			Your Supervisor's Phone Number: Ext.	
Last Position:				
Description of Duties, Responsibilities:				
2	From (Month/Year)	To (Month/Year)	Total Months/Years	
Employer/Business Name:				
Main Office Address:			Manager's Name:	
City:		State:	Zip:	
Reason for leaving:			Name of Your Supervisor:	
Starting Position:			Your Supervisor's Phone Number: Ext.	
Last Position:				
Description of Duties, Responsibilities:				

3	From (Month/Year)	To (Month/Year)	Total Years/Months	
Employer/Business Name:				
Main Office Address:			Manager's Name:	
City:		State:	Zip:	
Reason for leaving:			Name of Your Supervisor:	
Starting Position:			Your Supervisor's Phone Number: Ext.	
Last Position:				
Description of Duties, Responsibilities:				

4	From (Month/Year)	To (Month/Year)	Total Years/Months	
Employer/Business Name:				
Main Office Address:			Manager's Name:	
City:	State:		Zip:	
Reason for leaving:			Name of Your Supervisor:	
Starting Position:			Your Supervisor's Phone Number: Ext.	
Last Position:				
Description of Duties, Responsibilities:				

May we contact your current employer?	Yes	No	May we contact all of your past employers?	Yes	No
			If not, which one(s)? Please indicate:		
Have you ever been discharged from any position for misconduct or unsatisfactory services? Yes No					
If yes, please explain.					

Business or Job-Related References

Please name three business or job-related references (in addition to supervisors named above)

<u>Name</u>	<u>Address & Telephone Number</u>	<u>Occupation</u>

Personal References

Please name three personal references (not former employers or relatives)

<u>Name</u>	<u>Address & Telephone Number</u>	<u>Occupation</u>

Why are you interested in working for Blue Scoop?

Driving Record – Fill out if position applied for requires driving for work

Do you have a valid California license? Yes No

Do you have automobile insurance as required by law in California? Yes No

Initial	1.	I understand that after receiving a conditional offer of employment, Blue Scoop may condition the offer of employment on satisfactory background checks, including but not limited to, a criminal background check. I agree to sign a consent form allowing Blue Scoop to conduct such background checks.
Initial	2.	I understand that after receiving a conditional offer of employment, Blue Scoop may condition the offer of employment on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a consent form and a release of test results authorization form, and to submit to a medical examination and/or drug and alcohol screen should Blue Scoop condition my offer of employment upon successful completion of such an examination or screening.
Initial	3.	I understand that any offer of employment will be predicated upon the truthfulness of the written and verbal statements contained within this application and during the pre-employment process. I authorize Blue Scoop and/or any of its agents to verify the accuracy and completeness of any and all of the information that I have provided. I understand that should Blue Scoop find that any statement I have made is not truthful and/or if I have omitted any information, any job offer extended to me will be withdrawn and, if employed, I may be subject to immediate termination.
Initial	4.	I authorize Blue Scoop to make any investigation allowed by law that it deems necessary for employment consideration and promotion within the Company.
Initial	5.	I authorize my former employers and educational institutions to provide Blue Scoop with any information that they have about me and I absolve them from any damages in providing such information.
Initial	6.	I understand that this employment application and any offer of employment are not to be construed as a contract of employment, express or implied and/or a guarantee of employment for a specific time. I further understand that my employment with Blue Scoop is terminable at will for any reason either by myself or Blue Scoop at any time, with or without cause and with or without notice. This at-will aspect of my employment cannot be changed, waived, or modified except by an express provision in an individual written employment contract signed by me and the Owner of Blue Scoop and only if such contract explicitly modifies the at-will nature of employment at Blue Scoop.
Initial	7.	Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose, publicize, publish or disseminate any confidential or proprietary information or trade secrets about and/or relating to Blue Scoop or its products, services, policies, practices, customers and employees. I agree to deliver to Blue Scoop any and all copies of confidential, proprietary and trade secret information or other Company property upon termination of the employment relationship or at any time at Blue Scoop's request.
Initial	8.	I acknowledge that I have read all of the above statements and that I understand them. I certify that I have completed this application. I declare under penalty of perjury that the information and statements contained herein (or any resume or other documents submitted for employment with Blue Scoop) are true and complete.

Signature

Date