



RITA'S ITALIAN ICE EMPLOYMENT APPLICATION

All Rita's Franchisees provide equal employment opportunity without regard to age, sex, color, race, creed, national origin, religion, ancestry, status as a veteran, or disability that does not prohibit performance of essential job functions, or any other status protected by applicable law. This policy applies to all areas of employment, including recruitment, hiring, training/development, promotion, transfer, termination, layoff, compensation, and all other conditions of employment.

Personal Information

Name: Last	First	Middle
Street Address	City	State
	Are you over 18? Y or N	Zip Code
Telephone		

Educational History

School Name / Location	Years Completed	Degree / Diploma
College _____		
High _____		
Middle _____		

Activities/Organizations:

Employment Record (List Most Recent Employer First)

Company Name	Location	Supervisor	Employed From/To	Phone #	Salary	Reason for Leaving
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

References

Name	Occupation	Years Known	Telephone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____



Acknowledgement and Authorization:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application, or interview(s) may result in either a decision not to hire or in discharge of my employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

