

# SweetBerries

Eatery & Frozen Custard

Check the SweetBerries location are you interested in applying for:

- 619 NW 5<sup>th</sup> Avenue, Gainesville FL 32601  
 Campus Location: 1700 Stadium Rd, Gainesville FL 32603

Personal Information		
Name: (First, Middle, Last)		Date:
<u>CURRENT</u> Address:	City/State:	Zip Code:
Cell Number:	Email:	
<u>PERMANENT</u> Address: (Address where your W2 will be sent if you are no longer employed at SweetBerries.)	City/State or Country:	Zip Code:
Birthday: (mm/dd/yyyy)		
Emergency Contact:	Phone Number:	Relationship:
Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld or prosecution deferred? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please provide details and dates of each offense.		

Work Availability						
Are you interested in part or full-time work? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time						
About how many hours a week can you work?	Can you work nights? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date available to start:			
List the times you can work each day:						
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Work History			
(Please provide references for your last two jobs, most recent first)			
Company #1			
Company Name:	Phone Number:	Position:	
Supervisor's Name:	Pay Rate:	Average Hours/Week:	Dates Employed:
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Other If "Other", please explain:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Company #2			
Company Name:	Phone Number:	Position:	
Supervisor's Name:	Pay Rate:	Average Hours/Week:	Dates Employed:
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Other If "Other", please explain:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Education	
High School:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes
College: Major:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes
Technical School/Other:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes

Other Professional References - Provide at least 2 references <b>if you do not have</b> at least 2 job references. These references should not be family or friends.	
Name:	Relationship:
Phone Number:	
Name:	Relationship:
Phone Number:	

*G-Berries, Inc. is an Equal Opportunity Employer. Decisions to hire and promote are made without regard to race, color, creed, national origin, sex, physical or mental disability (unrelated to do the job) or age (as defined by law). Employment decisions are made solely based on qualifications to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers, and any licensing/certification agencies, if applicable.*

I certify that all information in this application is true and complete to the best of my knowledge. I understand that misrepresentation of facts will be cause for cancellation of my consideration for employment or dismissal if employed. I authorize G-Berries, Inc. to investigate all information contained in this application and authorize release of all information by my present or past employers which may be required for a reference check.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation. If my application is accepted for employment, I understand that the first ninety (90) days is an introductory period and my employment can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either G-Berries, Inc. or myself. I certify that I have read, understood, and agreed with the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date