



## APPLICATION FOR EMPLOYMENT

**NOTE: For on-line input – Use the “Tab” key to move to the next section.**

<p>APPLICANT PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ANSWERING ANY QUESTIONS. Please print or type all information. Answer all questions as completely as space will permit. Failure to complete this application may prohibit you from proceeding in the evaluation process for this position. Statements made in this application are subject to verification. The detection of false statements is a cause for disqualification or dismissal. Date and sign the application in all locations requested. Keep a copy of the application materials for your files.</p>	<p><b>DATE:</b></p>
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**POSITION FOR WHICH YOU ARE APPLYING:**

**REQ #:**

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**I AM AVAILABLE TO WORK THE FOLLOWING:**

**DESIRED SALARY:**

<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Any	\$
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**PERSONAL INFORMATION:**

_____	_____	_____
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>M.I.</b>
_____		
<b>OTHER NAMES USED IN EMPLOYMENT / EDUCATION</b>		
_____		
<b>ADDRESS</b>		
_____		
_____	_____	_____
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE:</b> _____	<b>ALTERNATE PHONE:</b> _____	
( include Area Code)	( include Area Code)	
<b>CONTACT EMAIL:</b>		



**EDUCATION**

High School/GED 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

*Check highest year completed – Proof of your degree completion will be verified upon hire during the background verification.*

<u>NAME OF SCHOOL/COLLEGE</u>	<u>CITY AND STATE</u>	<u>MAJOR / DEGREE</u>	<u>DATES ATTENDED /GRADUATED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you at least 18 years old?  Yes  No

Have you worked for NIC Truck before, either as an employee or contractor?  Yes  No

If "yes", indicate dates and position held \_\_\_\_\_

Do you have relatives employed by NIC Truck?  Yes  No

If "yes", provide name, title and location: \_\_\_\_\_

Are you a citizen of the United States/permanent resident?  Yes  No

Are you a registered alien with government permission to work in the United States?  Yes  No

Do you require sponsorship to obtain work authorization in the United States?  Yes  No

**NOTE: FULL DISCLOSURE OF ALL CONVICTIONS IS REQUIRED. FAILURE TO DISCLOSE CONVICTIONS WILL RESULT IN DISQUALIFICATION. CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.**

*"Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses. "Crime" does not lude minor (civil) traffic offenses. "Convicted" means that you have been found guilty of a crime by a court or jury, or have pleaded guilty or "no contest" to a crime and have been sentenced for a crime, whether imprisoned or placed on probation, fined or received a suspended sentence. Arrests are not convictions.*

Have you ever been convicted of a crime?  Yes  No

If "yes", please provide the details of offense(s) for which convicted:  
**MUST INCLUDE DATE(S), CONVICTION, MISDEMEANOR OR FELONY, CITY, STATE, COUNTY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do not include minor traffic violations



**U. S. MILITARY SERVICE**

<b>Branch of Service:</b>	<b>Dates Served:</b>	<b>Rank at time of Discharge:</b>
_____	_____	_____
<b>Type of Training / Work Experience received while in the service:</b>		

**EMPLOYMENT HISTORY:** *List all employers for the past ten (10) years beginning with the most recent first. Account for all time and explain gaps in employment history. Use additional sheet(s), if necessary. Please do not write "See Resume".*

<b>Name of Employer:</b>	<b>Location (City &amp; State)</b>	<b>Area Code / Telephone No.</b>
<b>Position Title:</b>		
<b>Start Date:</b> (Mo/Day/Yr)	<b>Salary:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	<b>Other Variable Compensation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<i>Please Explain:</i>
<b>End Date:</b> (Mo/Day/Yr)	<b>Name &amp; Title of Supervisor/Manager:</b>	<b>Direct Supervisor: Area Code/Telephone:</b>
<b>Reason for Leaving:</b>		
<b>Brief Description of Your Responsibilities:</b>		

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<b>Position Title:</b>		
<b>Start Date:</b> (Mo/Day/Yr)	<b>Salary:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	<b>Other Variable Compensation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<i>Please Explain:</i>
<b>End Date:</b> (Mo/Day/Yr)	<b>Name &amp; Title of Supervisor/Manager:</b>	<b>Direct Supervisor: Area Code/Telephone:</b>
<b>Reason for Leaving:</b>		
<b>Brief Description of Your Responsibilities:</b>		



<b>Name of Employer:</b>		<b>Location (City &amp; State)</b>	<b>Area Code / Telephone No.</b>
<b>Position Title:</b>			
<b>Start Date:</b> (Mo/Day/Yr)	<b>Salary:</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	<b>Other Variable Compensation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$ _____ <i>Please Explain:</i>			
<b>End Date:</b> (Mo/Day/Yr)	<b>Name &amp; Title of Supervisor/Manager:</b>		<b>Direct Supervisor: Area Code/Telephone:</b>
<b>Reason for Leaving:</b>			
<b>Brief Description of Your Responsibilities:</b>			

**REFERRED BY:**

<input type="checkbox"/> Advertisement: _____	<input type="checkbox"/> Internet Site: _____	<input type="checkbox"/> Agency: _____
<input type="checkbox"/> NIC Truck Employee: _____	<input type="checkbox"/> Friend / Relative: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> NIC Truck.com	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Job Fair

**REFERENCES:**

*Provide three (3) references who are former employers/supervisors who will be able to evaluate and verify your employment. Do not include relatives.*

<u>Name / Company</u>	<u>Contact Email</u>	<u>Home &amp; Cell Telephone</u>	



## APPLICANT'S ACKNOWLEDGMENTS & CERTIFICATIONS:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of a disability or handicap, provided the applicant has the ability to perform the essential functions of the position applied for either with or without a reasonable accommodation.

The applicant hereby agrees with and acknowledges the following statements in applying for employment:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements or material omissions on this application or any other pre-employment documents shall result in my termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. A copy of this authorization shall be effective as the original.

In consideration of my employment, I agree to conform to the rules, regulations and employee code of conduct of NIC Truck LLC and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either NIC Truck LLC or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I consent to take any physical or medical examinations, including urine or other tests for alcohol and drugs, requested by NIC Truck LLC in connection with the processing of my application for employment and further agree to take any such physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by NIC Truck LLC during my employment if I am offered and accept employment with NIC Truck LLC. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by NIC Truck LLC will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by NIC Truck LLC and is exclusively the property of NIC Truck LLC. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by NIC Truck LLC.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
/s/First Name Last Name (Example: /s/Jane Doe)

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with NIC Truck LLC will be based on your merit and qualifications and no other considerations.



## EQUAL EMPLOYMENT OPPORTUNITY SURVEY

NIC Truck is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights and laws and regulations. In order to comply with these laws, NIC Truck invites employees to self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(PLEASE TYPE OR PRINT CLEARLY)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(last) (first) (mi)

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_ SEX:  Male  Female

With which race/ethnicity do you *primarily* identify?

**Ethnicity:**

- HISPANIC or LATINO:** A person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race.

**Race:**

- WHITE (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK or AFRICAN AMERICAN (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AMERICAN INDIAN or ALASKA NATIVE (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- TWO or MORE RACES (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.



**FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE**

Position Considered:

Interviewed By:

Date of Interview:

Date of Employment Offer:

Comments:

Neighborhood Ice Cream Truck LLC  
Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, and marital status, membership in the military services, national origin, ancestry, or age.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially, filed separately and used only to help us monitor the NIC Truck LLC's Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

POSITION APPLIED FOR: \_\_\_\_\_

NAME (PRINT or TYPE):  
\_\_\_\_\_  
First Middle Last

ADDRESS  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

SEX:  MALE  FEMALE

BIRTHDATE  
(MM/DD/YEAR)

Ethnicity:

HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race.

Race:

WHITE (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

BLACK or AFRICAN AMERICAN (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER (Not Hispanic or Latino): A person having origins in any of the original peoples of the Hawaii, Guam, Samoa, or other Pacific Islands.

ASIAN (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

AMERICAN INDIAN or ALASKA NATIVE (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

TWO or MORE RACES (Not Hispanic or Latino): All persons who identify with more than one of the above five races.



**RECRUITING INFORMATION :**

<input type="checkbox"/> Advertisement: _____	<input type="checkbox"/> Internet Site: _____	<input type="checkbox"/> Agency : _____
<input type="checkbox"/> NIC Truck Employee: _____	<input type="checkbox"/> Friend / Relative: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> NIC Truck.com	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Job Fair

The above completed information is true to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
/s/First Name Last Name (Example: /s/Jane Doe)