



APPLICATION FOR EMPLOYMENT

Tropical Smoothie Café is proud to be a Drug-Free workplace

Tropical Smoothie Café ("TSC") is an equal opportunity employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of race, color, religion, sex, age, marital status, pregnancy, national origin, political affiliation, familial status, disability, sexual orientation or veteran status. No question in this application is intended to obtain information to be used for such discrimination and you may omit any information that would disclose any basis for discrimination. Please complete this form in your own handwriting and in ink, even if including a resume. We ask that you fill in all information. If you require additional space for answers, please use an additional sheet of paper.

Personal Information

Last Name	First Name	MI	Social Security Number	Home Telephone Number	Cell Phone
Street Address		City		State	Zip
Email Address		Emergency Contact Name and Phone Number			

Are you 18 years of age or older? Yes No If not, do you have the proper work permits? Yes No

Have you ever been convicted of a felony? Yes No If yes, please complete the section below:

Please describe the date(s), location(s) and nature of the offense:

**A conviction will not necessarily prohibit you from being employed.*

Have you previously been employed with TSC? Yes No If yes, when, where (and for whom), and in what position?

Have you previously applied for employment with TSC? If yes, when, where, and for what position?

Are you currently employed? Yes No If yes, please list your current position and hours worked per week:

Do you plan to retain this employment if hired by TSC? Yes No If no, how much notice will you give your current employer/when can you start at TSC?

Job Requirements

Indicate specific position desired	Desired wage
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Do you know any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No If yes, please explain.

Indicate the days you are available to work for TSC:

Mon Tue Wed Thu Fri Sat Sun

Indicate when you can work on each day of the week:

days eves either days eves either days eves either days eves either days eves either days eves either

Education

List the locations, dates, and completion status of all education (high school, college, graduate school)

Do you plan to continue formal education (i.e., high school, college, graduate school)? Yes No If yes, when, where and what coursework?

Do you have a current Food Handlers Card? Yes No If yes, please provide date of expiration:

Employment Experience and Skills

Have you ever been discharged or asked to resign from a position? Yes No If yes, please explain the circumstances:

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Have you ever held a position of trust (handling money or confidential material)? Yes No If yes, please specify:

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State why you desire to make a change in employment and/or why you want to work at TSC:

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Please account for the last three jobs that you held (including part-time employment, summer or temporary employment and military service):

Name and address of employer		Supervisor's Name	Position
Starting date (mo/yr)	Leaving date (mo/yr)	Starting pay	Ending pay
Duties			Reason for Leaving
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide phone number. If not, please explain why.			

Name and address of employer		Supervisor's Name	Position
Starting date (mo/yr)	Leaving date (mo/yr)	Starting pay	Ending pay
Duties			Reason for Leaving
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide phone number. If not, please explain why.			

Name and address of employer		Supervisor's Name	Position
Starting date (mo/yr)	Leaving date (mo/yr)	Starting pay	Ending pay
Duties			Reason for Leaving
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide phone number. If not, please explain why.			

List any academic or community activities, and any volunteer positions you presently hold or have held in the past:

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, false statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I further authorize all listed references to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing the same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason without prior notice.

Signature	Date

FAX COMPLETED APPLICATION TO: (702) 508-9439 OR EMAIL TO: JOBS@COLORADOTSC.COM