



## APPLICATION FOR EMPLOYMENT

MILKLAB is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, disability, sexual orientation, or any other basis prohibited by federal or state law.

Name (Last)	(First)	(Middle)	Date
Address		City	State Zip
Phone Number	Email Address		How many hours per week would you like to work?

MILKLAB Store Hours Are: 11:30AM - 10:30 PM (Mon - Sun)

Position Desired: \_\_\_\_\_ Salary/ Wage Desired: \_\_\_\_\_

Opening staff typically starts between 10:00 and 11:00AM.

Closing staff typically requires 30 minutes after store hours to close the shop.

**List the hours you are available for work in the spaces below. Employees 16 years old & older will be scheduled to close at least one night per week.**

Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
From							
To							

Type of employment desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

Full-time     Part-time     Temporary     Seasonal

If you are under 18 years of age, please state your date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ If under 18 years of age, how old are you? \_\_\_\_\_  
 Are you able to perform the essential duties of the job for which you are applying? Yes / No If no, please describe:

Do you have reliable transportation to work? Yes / No      Are you legally eligible for employment in the United States? Yes / No

### School Most Recently Attended

Name			City / State		
Teacher or Counselor	Grade Completed	GPA	Graduated		Now Enrolled
			YES	NO	YES NO
Extracurricular Activities (band, choir, student council, football, etc...)					

Most Recent Job - May We Contact? YES \_\_\_\_\_ NO \_\_\_\_\_

Company Name		Address		City	State
Phone	Job Title	Supervisor		Dates worked: From / To	
Salary		Reason for leaving			

What does customer service mean to you?

List any additional information you would like us to know (awards, special skills, recognition received)

**PLEASE READ CAREFULLY BEFORE SIGNING**

My signature below indicates that I have read, understand, and agree to the following:

1. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of MILKLAB. 2. I certify that I have read and fully completed both sides of this application and that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with MILKLAB policy. 3. I acknowledge that MILKLAB reserves the right to amend or modify the policies in its Handbook, or conveyed verbally, and other policies at any time, without prior notice. These policies do not create any promise or contractual obligation between MILKLAB and its employees. At MILKLAB, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and MILKLAB retains the same rights. 4. I authorize MILKLAB to make whatever inquiries either personal, work-related, or through a consumer agency that may be necessary. In exchange for MILKLAB agreement to receive, process, and consider my application, I hereby release MILKLAB, and any and all persons or organizations contacted by MILKLAB from any and all claims or causes of action arising out of MILKLAB verification of the information provided in this application, and other job-related information arising from such verification. 5. I understand that if an offer of employment is made to me it may be contingent upon my completion of a physical examination to the satisfaction of MILKLAB. I hereby consent to undergo that physical examination, which may include any and all tests and procedures determined by MILKLAB to be helpful in evaluating my suitability for employment, including but not limited to blood tests, urinalysis, and x-rays.

Applicant's Signature	Date
If under age 18, parent/guardian signature	Date