HIBBARD'S CUSTARD

Application for Employment

We are an equal opportunity employer and subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status without regard to race, color, religion, sexual orientation, creed, national origin, age, physical or mental disability, gender identity or expression, predisposing genetic characteristics, marital status, familial status and any other legally recognized protected group under federal, New York State or local laws.

Please print all information clearly.

Name:Last	 First		Middle			
Address:Street	City	State	Zip			
Phone Number: ()E.m	ail address: _				
If you are under 18 years o	f age can you provide proof of eligibilit	y to work?	Yes No No	J/A		
If not, state your age If not, do you have the required working papers? Yes \(\sqrt{No} \sqrt{\sqrt{No}} \)						
If offered employment can	you provide proof that you are legally a	uthorized to	work in the US?	Yes No No		
Do you have any relatives of	or friends who work for Harold F. Hibb	oard & Sons, I	nc. Yes N	lo 🗌		
If yes, who and where do the	hey work?					
Employment Desired	d					
Position:	Date yo	ou can start: _				
Are you employed now? Yes	s ☐ No ☐ If so, may we contact you	r present emp	loyer? Yes 🗌 No			
Have you ever applied to this company before? Yes \(\subsetermind No \subseteq \) If yes, when?Where?						
Education	Name and Location of School		Coursework studied	Degrees Received		
High School						
College						
Technical, Vocational or Graduate School						
Please list any skills you hav	ve that are appropriate for the position	for which you	ı are applying			
hobbyist that may be useful	nnt experience, interest and accomplished in the position you are seeking. You alligion national origin, age, ancestry, dis	may exclude n	nemberships tha	t would reveal gender,		
Employment Experien	ice:					

than one job at the same employer, indicate that as well.

Date	N:	ame of Employe	er, Add	resses & Phone	Position(s)	Held Re	ason for Leaving
	110		,				
То:	Name:						
	No. & Street:	No. & Street:					
From:	Cir. /Cr.	7.		DI .			
	City/ State:	Zip:	:	Phone:			
To:	Name:	,					
From:	No. & Street:		_				
rroin:	City/State:	7:		Phone:	_		
	City/ State:	Zip:	:	rnone:			
To:	Name:	,					
From:	No. & Street:				-		
TTOIII.	City/State:	Zip:		Phone:	_		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
To:	Name:						
From:	No. & Street:	No. & Street:					
110111.	City/State:	Zip:	:	Phone:			
	·						
Explain a	any gaps in work l	nistory:					
						_	
 Have vou	 1 ever been discha	rged or asked to	resign	from a job? Yes 🗌 No 🗍		_	
, , ,							
Refer	ences: Give belo	ow the names of	three (3) <u>professional</u> references, no	ot related to vo	ou. whom w	ou have known
	east one year.	The mannes of					_
First Na	Names:	Phone number:	Co	ntact Information:	F	Business:	Years Known:
Last Na		Email:					
Last Na	ine:	Eman:					
First Na	ime:	Phone number:					
Last Na	me:	Email:					

First Name:	Phone number:	
Last Name:	Email:	

I give permission to Hibbard's Custard to investigate my personal and employment history including but not limited to verification of all information contained in this application and in any resume or other materials I submit in connection with this application. I give permission to all of my prior employers and/or managers and supervisors to discuss my employment history with Hibbard's Custard and give them consent to release information orally or in writing, releasing prior employer from all liability.

I further authorize the references listed above to give Hibbard's Custard any information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may results from furnishing same to Hibbard's Custard. I likewise authorize all persons, schools, companies and internet accounts, corporations, credit bureaus, law enforcement agencies, or government branches to supply to Hibbard's Custard any information concerning my background and release them from any liability and responsibility arising from their doing so.

I certify that the information contained in this application and in any resume or other materials submitted in connection with this application are correct to the best of my knowledge. I understand that any misstatement or omission of information may result in denial of employment or termination if I have already been hired as permitted and applicable by law.

I understand that Hibbard's Custard is in no way obligated to provide employment to me, nor am I obligated to accept any offer of employment. I further understand that, unless otherwise defined by applicable law, any employment relationships with Hibbard's Custard is "at will" which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

Data	Applicant Signatures	

This application will remain active for up to 45 days from date completed.