

# ***Application for Employment***



[www.cabots.com](http://www.cabots.com)

617-964-9200

# Statement of Values

Dear Applicant:

Welcome to Cabot's. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service, and attention for our guests.

We are a family owned and operated restaurant serving our customers since 1969.

We want you to understand that we also believe in living our values.

- We believe in treating people the way we would like to be treated
- We believe that "good enough" isn't
- We believe in doing business in a professional and orderly manner
- We believe in a well organized work environment
- We believe in honesty and integrity
- We strongly believe in Quality, Consistency, and Cleanliness
- We believe that everyone is capable of being an A+ team member

If this feels like an environment for you, please complete the application.

# Cabot's - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you find out about this job?  Being a customer  Employee  Walk-in  Relative  Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

CELL Phone (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_ Describe \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

## Employment Information

Are you seeking \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary employment

What hours and shift(s) would you prefer to work? \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked at Cabot's before? \_\_\_\_\_ If yes, name used: \_\_\_\_\_

List any friends or relatives employed by Cabot's: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8      Secondary: 9 10 11 12 G.E.D

College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

If in high school, are you enrolled in a recognized co-op program?  Yes  No

Degree & Major: \_\_\_\_\_

If yes, identify program and school: \_\_\_\_\_

Minor: \_\_\_\_\_

## Work History (please begin with most recent)

1. Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

2. Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

3. Company \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Describe duties briefly: \_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, list the employers you do not wish us to contact and why:

\_\_\_\_\_

## Work Availability (Check off shifts able to work)

You must be available a minimum of two shifts per week

Week Days       Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Week Nights       Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Notes \_\_\_\_\_

Conflicts \_\_\_\_\_

Cabot's Ice Cream is committed to providing equal employment opportunity and prohibits discrimination against any prospective employee, employee or customer, on the basis of age, color, national origin, physical or mental disability, race, religious creed, ancestry, sex, sexual orientation, gender identity and/or expression, genetic information, and any other characteristic protected by federal, state or local law.

## Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

### AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**MASSACHUSETTS EMPLOYMENT ONLY:** An application for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

**MASSACHUSETTS & MARYLAND EMPLOYMENT ONLY:** An employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and/or subject to criminal penalties and civil liabilities.