

This Application is an Interactive Form

You can click in the spaces and type your information
Or you can print out a blank form and fill it out by hand.

Please fill out the next two pages
and mail the completed forms to:

Attn: Tyson Zahner
Ty's Summer Sno
5461 Lexington Dr.
Jackson, MO 63755

if you have any questions, please e-mail
tyson@tyssno.com

or call
(573) 651-7003

EDUCATION

School Type	School Name	City and State	Years	Major	Degree
High School			9 10 11 12		
College			1 2 3 4		
College			1 2 3 4		

EMPLOYMENT HISTORY

Are you employed now? _____ If so may we inquire of your present employer? _____
List the 3 most recent jobs, military service and self employment in USA, beginning with the present, working backwards.

Employer's Name: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: () _____ - _____ Job Title: _____
Dates of Employment: From: ____/____/____ To: ____/____/____ Average Hours per week: _____
Wage Rate: Starting _____ Ending _____ How Paid: ____ Hourly ____ Salary
Duties and Responsibilities: _____
Reason for leaving: _____

Employer's Name: _____
Street: _____ City: _____ State: _____ Zip: _____
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Duties and Responsibilities: _____
Reason for leaving: _____

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY.
ANY QUESTIONS MAY BE DISCUSSED DURING AN INTERVIEW.**

I certify that the facts contained in this application are true and are complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and 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 the same to you. Knowing that my employment with Ty²s Summer Sno is "at will" which means that regardless of any company notices, memoranda or policies concerning my compensation while employed, I can terminate my employment at any time and that the company can terminate my employment at any time, for any reason or no reason, without any previous notice. In the event that I decide to terminate my employment, I agree to give the company a written notice at least two weeks prior to my final work day. Failure to provide such notice will result in forfeiture of final payment. Additionally, I agree to forfeit my final payment if I terminate my employment before completing at least five full months of service for the company or if I violate any other condition set forth in the above paragraphs.

Employee Signature

Date