

The Rabbit Crew Application

977 W Foothill Blvd
 Upland, CA 91786
 909-686-1611
 teamaster@lamoonecreamery.com



Instruction: Please submit a completed application form to our Upland location or send it to teamaster@lamoonecreamery.com with one picture of yourself

Name and Address						
Name (First, MI, Last)						
Mailing Address						
Telephone				Email		
Age (Minimum age :18)				Birthday		
Job Type						
Location applied for: <input type="checkbox"/> Upland <input type="checkbox"/> Pasadena <input type="checkbox"/> Both						
Position applied for: <input type="checkbox"/> Barista <input type="checkbox"/> Kitchen Assistant <input type="checkbox"/> Recipe Preparation						
Days/hours available to work						
<input type="checkbox"/> Mon 10:00a - 8:00p	<input type="checkbox"/> Tue 10:00a - 8:00p	<input type="checkbox"/> Wed 10:00a - 8:00p	<input type="checkbox"/> Thu 10:00a - 8:00p	<input type="checkbox"/> Fri 10:00a - 8:00p	<input type="checkbox"/> Sat 10:00a - 8:00p	<input type="checkbox"/> Sun 10:00a - 8:00p
<input type="checkbox"/> Mon 3:30p - 12:30a	<input type="checkbox"/> Tue 3:30p - 12:30a	<input type="checkbox"/> Wed 3:30p - 12:30a	<input type="checkbox"/> Thu 3:30p - 12:30a	<input type="checkbox"/> Fri 3:30p - 12:30a	<input type="checkbox"/> Sat 3:30p - 12:30a	<input type="checkbox"/> Sun 3:30p - 12:30a
<input type="checkbox"/> Mon _____	<input type="checkbox"/> Tue _____	<input type="checkbox"/> Wed _____	<input type="checkbox"/> Thu _____	<input type="checkbox"/> Fri _____	<input type="checkbox"/> Sat _____	<input type="checkbox"/> Sun _____
I am seeking a: <input type="checkbox"/> Full-time job			<input type="checkbox"/> Part-time job		<input type="checkbox"/> Full-time or Part-time	
How many hours can you work weekly? _____				How many days can you work weekly? _____		
How long would you like to stay at this job? _____					Date available to begin _____	
Additional Information						
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:						
Are you able to perform the essential functions of the job position including lifting objects up to 30 lbs with or without resonable accommodation?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
What accommodation, if any, would you request?						

Do you have any allergy or food allergy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If Yes, please explain:

Is there any other health issues we should be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If Yes, please explain:

Highest Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma

Lastest Employment

Company	Job title/ Duties	Reason for leaving (be specific)

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
-----------	------