



Application

TODAY'S DATE: _____

POSITION APPLYING FOR: Manager/Shift Leader
 Baker Prep/Cook Clerk/Cashier Driver

LOCATION: Zionsville Hamilton Town Center (Coming Soon)

Wage Desired \$: _____ / Hr or Annually (circle one)

Date Available for Employment? _____

When Completed Submit to:
staffing@homemadecafes.com

Name _____ SSN#:XXX-XX-_____

Current Street Address: _____

City/State/Zip: _____

Phone (required): _____

Are you under 18? Yes No

Email (required): _____

If Yes, your date of birth _____

Emergency Contact Name: _____ Phone: _____

AVAILABILITY (Please indicate preference with and X in appropriate box)

Shift:	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Lunch (7a-4p)						Weekend availability is a requirement of employment consideration.	
Dinner (4p-11p)							
Anytime							

Full Time Part Time

Are you willing to work overtime? Yes No

List any days off you will need in the next 6 months: _____

Are you authorized to work in the United States on an unrestricted basis? Yes No

Have you worked at any Homemade Ice Cream & Bakery Cafe before? Yes No

If yes, please give dates, location: _____

How did you learn about this position? _____

Do you have a relative working at Homemade Ice Cream & Bakery Cafe? Yes No

If so, in what department? _____

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodations, including standing for long periods of time and lifting 50 lbs? Yes No

If no, please explain? _____

EDUCATION

High School: _____ City _____ State _____ # Years Completed _____

Diploma? Yes No GED? Yes No

College: _____ City _____ State _____ # Years Completed _____

Did you complete your degree? Yes No Major: _____ Minor: _____

LIST SPECIAL SKILLS/EDUCATION/TRAINING: _____

PRIOR WORK EXPERIENCE (Please list most recent employment first)

1. Employer: _____
Address: _____
Position (duties): _____ Phone: _____
Immediate Supervisor: _____ Can we contact? Yes No
Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____
Reason for Leaving: _____

2. Employer: _____
Address: _____
Position (duties): _____ Phone: _____
Immediate Supervisor: _____ Can we contact? Yes No
Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____
Reason for Leaving: _____

3. Employer: _____
Address: _____
Position (duties): _____ Phone: _____
Immediate Supervisor: _____ Can we contact? Yes No
Starting Pay: _____ Ending Pay: _____ Dates: _____ to _____
Reason for Leaving: _____

Have you ever been convicted of, or pleaded guilty or no contest (nolo contendere) to a felony offense? Yes No

Answering "Yes" is not an automatic bar to employment. If Yes, please provide: Date of birth: _____

Date of conviction: _____ County/State in which felony occurred: _____

Facts surrounding the conviction: _____

PERSONAL REFERENCES (Not relatives or former employers)

1. Name: _____ Relationship: _____ Phone: (____) _____

2. Name: _____ Relationship: _____ Phone: (____) _____

DELIVERY DRIVERS ONLY

If you are employed as a delivery driver by Homemade Cafes, LLC, then you are required to maintain personal Auto Liability insurance at the mandatory state liability limits for the state in which you will be driving. You shall also be solely responsible for maintaining at your cost, such comprehensive and auto collision coverage as you deem necessary to cover your vehicle. We strongly recommend you make appropriate inquiries to assure that such coverage will be effective during the delivery of Homemade Cafes, LLC products. Homemade Cafes, LLC is not responsible for, and you assume all risk of, any loss, theft, vandalism or property damage to your vehicle and contents while being used in connection with your employment with Homemade Cafes, LLC. You will be required to provide Homemade Cafes, LLC with a valid copy of your insurance policy or Declaration Page and proof of payment of due premium when you are hired and again upon each renewal. We reserve the right, and you authorize Homemade Cafes, LLC or its agents, to contact your insurance agent and/or carrier either verbally or in writing, or both, to confirm the type and amount of your coverages and the date through which premiums have been paid.

Insurance Company Name: _____ Policy Exp. Date: _____
Driver's License Number: _____ State: _____ Date Issued: _____

Have you had at least six (6) months driving experience in the US: Yes No

Have you ever been convicted of a crime involving a motor vehicle, including vehicular homicide or assault? Yes No

In the last 5 years, have you ever received a violation for DUI or open container/chemical test failure/ possession of a controlled substance? Yes No

Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

VEHICLES WHICH WILL BE USED ON THE JOB:

1. Make: _____ Model: _____ Year: _____ License#: _____ State: _____
2. Make: _____ Model: _____ Year: _____ License#: _____ State: _____

CERTIFICATION: Homemade Cafes, LLC is an Equal Opportunity Employer. Any person applying for a position with Homemade Cafes, LLC will be considered for the position for which he/she has applied without regard to race, religion, sex, age, national origin, gender, marital status, pregnancy or disability.

I certify that all statements made in this application are true and complete and authorize Homemade Cafes, LLC to investigate all statements made from all prior employers, references and law enforcement agencies.

I understand that any false answers or statements or misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in Homemade Cafes, LLC statements of personnel policies or in my communication with any employee or official is intended to create an employment contract between Homemade Cafes, LLC and me, and that my employment with the company is entered into voluntarily, and that I may resign at any time. Similarly, my employment may be terminated with or without cause at any time without prior notice.

I hereby acknowledge that I have read and understand the preceding statements:

Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Homemade Cafes, LLC (“the Company”) may obtain information about you for employment or contracting purposes from a third party consumer reporting agency. Thus, you may be the subject of a “background check,” “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, associates or current and former employers. These reports may specifically contain information regarding your educational background, credit history, criminal history, sex offender status, civil litigation history, professional licensure, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice and authorization is all-encompassing, allowing the Company to obtain from any outside organization all manner of background checks, consumer reports and investigative consumer reports now and throughout the course of your relationship with the Company to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “background checks,” “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my relationship with the Company, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by any organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____ Date: _____

Last Name: _____ First: _____ Middle: _____

Maiden Name or Other Name(s) Used: _____

Date of Birth*: _____ Last 4-Digits of SSN*: _____

Driver’s License #: _____ State: _____

Current Address: _____

Former Address***: _____

* For Identification Purposes Only

** Please provide your residential address for the last 7 years. Write on the back of this form if necessary.

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567- 8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

Tax Credit Qualification Form

First Name _____ Last Name _____
 Street _____ City _____ State _____ Zip _____
 County _____ Social Security Number _____
 Date of Birth _____ Phone _____

1. Are you at least age 16, but **under** age 40? Yes No

2. Are you a **Veteran** of the U.S. Armed Forces? Which Branch? _____ (please provide manager a copy of your DD-214) Yes No
 Are you entitled to Veteran Disability? Yes Were you unemployed 4 wks within the year Yes
 Were you released from active duty within the past year? Yes Were you unemployed 6 mos within the year Yes

3. Are you a member of a family who received **Food Stamps** (SNAP)? Yes No
 Name of primary Food Stamp recipient _____ City & State where benefits were received _____

4. Were you referred to an employer by a **Vocational Rehabilitation Agency** approved by a State? Yes No

5. Are you a member of a family who received **Temporary Assistance for Needy Families (TANF)** assistance in the last 2 years? Yes No
 Name of primary TANF recipient _____ City & State where benefits were received _____

6. In the last **12 months** before you were hired, were you **convicted of a felony** or **released from prison on a felony conviction**? Yes No
 If yes, was this a Federal or State Conviction? Federal State None (Deferred Adjudication)
 Date of Conviction _____ Date of Release _____
 Name of Correctional Facility _____ City & State of Correctional Facility _____
 Name of Parole Officer _____ Phone Number of Parole Officer _____

7. Did you receive **Supplemental Security Income** in the past 60 days, that is **not** Social Security Benefits? Yes No

8. Have you been **unemployed for 6 months**, and received any unemployment compensation during that time? Yes No
 List your First day of Unemployment _____ List your Last day of Unemployment _____

9. Are you or your spouse, a registered **Native American Indian** and live on Reservation Land? Yes No
 If yes, please provide copy of tribal registration documentation.

Answering the above questions will not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release to National Tax Credit or any state Workforce Agency, any information from any Federal or State Government Agency, including SSA, Dept. of Veterans Affairs or DMV of any State as to my eligibility for Federal or State tax credits.

Applicant Signature _____ Date _____

MANAGER USE ONLY

Please send Verification of Age & Residence and the **ORIGINAL** signed 8850 form along with this form to P.O. Box 1207, Woodstock, GA 30188

Hourly Wage \$ _____ Position _____ Hire Date ____/____/____ Start Date ____/____/____
 Store Number _____ Company Name **QS America** Client Code **100188**

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

^a Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

100188

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ^a _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if any of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ^a

Date



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

group.

New Hire's Signature: _____ Date _____

New Hire Name: _____

Social Security Number: _____ - □□□□ Date of Birth: _____
(Enter last four digits) (Enter date)

Employer Name: _____

Employer Federal ID (EIN) Number: _____ - □□□□
(Enter last four digits)

**Please check all the statements that apply to you and provide all requested dates.
Sign and date this form where indicated below.**

I declare that I was in a period of unemployment that is at least 27 consecutive weeks the day before I began to work for this employer, or, if earlier, the day I completed IRS Form 8850. I have been in a period of unemployment of not less than 27 consecutive weeks, from _____ to _____.
(Enter start date) (Enter end date)

I make this declaration on the day I completed IRS Form 8850 _____.
(Enter date)

I declare I have received unemployment compensation/benefits under State or Federal law during a period of unemployment.

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.