



# Employment Application

Freeze and Fizz LLC - Bloomington, Illinois  
hello@freezeandfizz.com - freezeandfizz.com/careers

Complete in ink. If Social Security number or bank info is filled in, hand directly to a Freeze and Fizz owner/manager only.

Privacy note: Social Security number and payroll details are sensitive. If those lines are completed, do not email or text this packet. Hand it directly to a Freeze and Fizz owner/manager.

## EMPLOYER USE

DATE RECEIVED

INTERVIEW DATE

HIRE DECISION

## SECTION 1 - POSITION AND BASICS

POSITION APPLYING FOR

HOW DID YOU HEAR ABOUT US?

FULL-TIME, PART-TIME, OR SEASONAL?

DESIRED START DATE

DESIRED HOURLY WAGE

## SECTION 2 - APPLICANT INFORMATION

FULL LEGAL NAME

PREFERRED NAME, IF DIFFERENT

DATE OF BIRTH - REQUIRED

PHONE NUMBER

EMAIL ADDRESS

STREET MAILING ADDRESS

CITY

STATE

ZIP

### SECTION 3 - ELIGIBILITY

**ARE YOU AT LEAST 16 YEARS OLD?**

Yes  No

**RELIABLE TRANSPORTATION TO TRAILER/EVENT LOCATIONS?**

Yes  No

**WORKED FOR FREEZE AND FIZZ BEFORE?**

Yes  No

**AUTHORIZED TO WORK IN THE UNITED STATES?**

Yes  No

**CAN SAFELY STAND/MOVE AND LIFT UP TO 25 LBS?**

Yes  No

**IF A MINOR, CAN PROVIDE ANY REQUIRED WORK PERMIT?**

Yes  No  N/A

### SECTION 4 - AVAILABILITY

Check every time slot you are usually available. Events may include evenings, weekends, markets, golf outings, and private parties.

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning (6am-12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12-5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5-10pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MINIMUM HOURS AVAILABLE PER WEEK**

**MAXIMUM HOURS WANTED PER WEEK**

**KNOWN DATES/TIMES YOU CANNOT WORK THIS SEASON**

## SECTION 5 - WORK EXPERIENCE

Check here if this is your first job - then skip to Section 6.

### EMPLOYER 1

EMPLOYER NAME

JOB TITLE

START DATE

END DATE OR PRESENT

MAIN RESPONSIBILITIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

Yes  After offer  No

### EMPLOYER 2, IF APPLICABLE

EMPLOYER NAME

JOB TITLE

START DATE

END DATE OR PRESENT

MAIN RESPONSIBILITIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

Yes  After offer  No

## SECTION 6 - REFERENCES

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Two non-family references. Teacher, coach, neighbor, or former employer all count.

### REFERENCE 1

**NAME**

**RELATIONSHIP**

**PHONE OR EMAIL**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCE 2

**NAME**

**RELATIONSHIP**

**PHONE OR EMAIL**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 7 - THE FUN STUFF

**1. What is your go-to dirty soda? Or if you have not had one, what sounds incredible?**

*No experience required. Enthusiasm helps.*

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**2. Describe yourself in three words. Now describe your worst day in three words.**

*Give us the real ones.*

**YOUR THREE WORDS**

**YOUR WORST-DAY THREE WORDS**

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**3. A customer ordered something and it did not come out right. What do you do?**

*Not a policy answer. What would you actually do?*

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**4. Why Freeze and Fizz specifically?**

*We want to know you actually want to be here.*

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**Wild card: if you were a Freeze and Fizz drink, what would you be called and what is in it?**

*We may try to make the good ones.*

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**SECTION 8 - CERTIFICATION AND SIGNATURE**

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I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from consideration or, if hired, termination of employment. I authorize Freeze and Fizz LLC to contact the references and employers listed above unless I marked otherwise.

**APPLICANT SIGNATURE**

**DATE**

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**PRINT FULL LEGAL NAME**

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## Payroll, Tax and Onboarding Info

Complete this section only when Freeze and Fizz asks you to complete the hiring packet. These items are used for payroll setup, tax withholding, work authorization, emergency contact, and new-hire reporting.

**Security note:** if this section is filled in, hand this packet directly to a Freeze and Fizz owner/manager. Do not email or text Social Security numbers, bank details, tax forms, or I-9 documents.

### PAYROLL RECORD

#### FULL LEGAL NAME

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**SOCIAL SECURITY NUMBER - REQUIRED FOR PAYROLL**

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**DATE OF BIRTH - REQUIRED**

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**PHONE NUMBER**

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**EMAIL ADDRESS**

---

**STREET MAILING ADDRESS**

---

**CITY**

---

**STATE**

---

**ZIP**

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### EMERGENCY CONTACT

**NAME**

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**RELATIONSHIP**

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**PHONE NUMBER**

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### DIRECT DEPOSIT, IF USED

**BANK NAME**

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**ROUTING NUMBER**

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**ACCOUNT NUMBER**

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**ACCOUNT TYPE**

Checking  Savings

**VOIDED CHECK ATTACHED?**

Yes  No

### REQUIRED FORMS CHECKLIST

- **Federal Form W-4:** employee withholding certificate for federal income tax withholding. Official source: [irs.gov/forms-pubs/about-form-w-4](https://irs.gov/forms-pubs/about-form-w-4)
- **Illinois Form IL-W-4:** Illinois employee withholding allowance certificate. Official source: [tax.illinois.gov/forms/withholding.html](https://tax.illinois.gov/forms/withholding.html)
- **Federal Form I-9:** employment eligibility verification. Employee completes Section 1 by the first day of employment; employer reviews acceptable documents for Section 2. Official source: [uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf](https://uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf)

- **Payroll/new-hire record:** legal name, mailing address, Social Security number, date of birth, hire date, phone, and email.
- **Direct deposit, if used:** routing number, account number, account type, and/or payroll-provider setup.
- **Emergency contact:** name, relationship, phone number, and backup contact if available.
- **Minor employee documents, if applicable:** parent/guardian information, school/work permit requirements, and schedule limits.
- **Internal setup:** Square Payroll profile, pay rate, role, owner approval, food safety/trailer training, policy acknowledgement, and uniform expectations.

Offer accepted and start date confirmed

W-4 completed

IL-W-4 completed

I-9 Section 1 completed

I-9 documents reviewed for Section 2

Square Payroll profile created

Pay rate and role approved

Direct deposit or pay method entered

Emergency contact collected

Training date scheduled

**Return completed applications to:**

If no SSN/bank info is filled in: [hello@freezeandfizz.com](mailto:hello@freezeandfizz.com) or hand to a team member

If SSN/bank info is filled in: hand directly to a Freeze and Fizz owner/manager only

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