

EMPLOYMENT APPLICATION



PERSONAL INFORMATION

NAME OF EMPLOYER:

Name (Last)	First	(Middle)	Date	/	/
Home Address			City	State	Zip
Home Telephone ()	Cellular Phone ()	Business Phone ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail					

Position Applying For	Date Available / /	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer						
Days and hours available. Complete if applying for restaurant position.								
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
From								Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (no one under age 16 may be hired)
To								
How were you referred to us?								

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
College	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
Graduate School	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			
Other	Name _____ Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____ State _____ Zip _____			

U.S. MILITARY SERVICE

Branch of Service	Technical Specialization	Rank Attained

LEGAL

Are you legally authorized to work in the United States? Yes No (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.)

Were you ever discharged by any company? Yes No If yes, give name of company(ies) _____

Reason for discharge _____

Have you ever been convicted of or plead guilty to (including a plea of nolo contendere) a misdemeanor at any time within the past 5 years? Yes No If yes, please explain in full: _____

Have you been convicted of or plead guilty to (including a plea of nolo contendere) a felony (you are not obligated to disclose sealed, erased or expunged records of conviction(s) or records of arrests or criminal charges which did not result in a conviction)? Yes No If yes, please explain offense and final disposition: _____

(A conviction will not necessarily disqualify an applicant from employment.)

(CONTINUED ON BACK)

Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any other protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.

EMPLOYMENT HISTORY

List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis.
 Is any additional information relative to a different name necessary to check your work record?
 If yes, explain. Yes No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				
From: / mo. yr.	Name	Your Job Title		Starting	
To: / mo. yr.	Address	Supervisor		Final	
	City & State Phone ()				

Have you previously worked for Madulka's Ice Cream or any of its subsidiaries or Franchisees? Yes No

Name _____ Location _____
 City & State _____ Position Held _____
 Supervisor _____ Dates Employed From: _____ To: _____
 Reason for Leaving _____

REFERENCES

Business references: (do not list relatives)

Name	Address	Work Phone No.	Title	Years Known

PLEASE READ CAREFULLY

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand and agree that if employed, employment will be "AT WILL." That is, either I or the employer may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment.

APPLICANT'S SIGNATURE

DATE SIGNED

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1>2013</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6' _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the Instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the Instructions for your income tax return.

FORM 1-A	Conditional Employee and Food Employee Interview Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, <i>Salmonella</i> Typhi (<i>S. Typhi</i>), <i>Shigella</i> spp., Enterohemorrhagic (EHEC) or ShigaToxin-producing <i>Escherichia coli</i> (STEC), or Hepatitis A Virus
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The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Conditional Employee Name (print) _____
 Food Employee Name (print) _____
 Address _____
 Telephone Daytime: _____ Evening: _____
 Date _____

Are you suffering from any of the following symptoms? (Circle one)

		If YES, Date of Onset
Diarrhea?	YES / NO	_____
Vomiting?	YES / NO	_____
Jaundice?	YES / NO	_____
Sore throat with fever?	YES / NO	_____

Or

Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered? YES/ NO
 (Examples: *boils and infected wounds, however small*)

In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*S. Typhi*) YES / NO
 If you have, what was the date of the diagnosis? _____
 If within the past 3 months, did you take antibiotics for *S. Typhi*? YES / NO
 If so, how many days did you take the antibiotics? _____
 If you took antibiotics, did you finish the prescription? YES / NO

History of Exposure:

1. Have you been suspected of causing, or have you been exposed to, a confirmed foodborne disease outbreak recently? YES / NO

If YES, date of outbreak: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?

- | | |
|---|--------------------------------|
| Cause: _____ | |
| i. Norovirus (last exposure within the past 48 hours) | Date of illness outbreak _____ |
| ii. <i>E. coli</i> O157:H7 infection (last exposure within the past 3 days) | Date of illness outbreak _____ |
| iii. Hepatitis A virus (last exposure within the past 30 days) | Date of illness outbreak _____ |
| iv. Typhoid fever (last exposure within the past 14 days) | Date of illness outbreak _____ |
| v. Shigellosis (last exposure within the past 3 days) | Date of illness outbreak _____ |

- b. If YES, did you:
- i. Consume food implicated in the outbreak? _____
 - ii. Work in a food establishment that was the source of the outbreak? _____
 - iii. Consume food at an event that was prepared by person who is ill? _____

2. Did you attend an event or work in a setting, recently where there was a confirmed disease outbreak? YES / NO

If so, what was the cause of the confirmed disease outbreak? _____

If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

- a. Norovirus (last exposure within the past 48 hours) YES / NO
- b. *E. coli* O157:H7 (or other EHEC/STEC (last exposure within the past 3 days) YES / NO
- c. *Shigella* spp. (last exposure within the past 3 days) YES / NO
- d. *S. Typhi* (last exposure within the past 14 days) YES / NO
- e. Hepatitis A virus (last exposure within the past 30 days) YES / NO

Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other EHEC/STEC?

YES / NO Date of onset of illness _____

3. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, EHEC/STEC infection, or hepatitis A?

YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or doctor:

Name _____

Address _____

Telephone – Daytime: _____ Evening: _____

Signature of Conditional Employee _____ Date _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

FORM Conditional Employee or Food Employee Reporting Agreement

1-B

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, Salmonella Typhi, Shigella spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing Escherichia coli (STEC), or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

- 1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp. infection), Escherichia coli O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

- 1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

- 1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____