

Pelican's SnoBalls



Lenoir Team Member Application

Full Name:	_____	Date:	_____				
	First	Last					
Address:	_____						
	Street Address	City	State Zip Code				
Phone:	_____ (Home)	_____ (Cell)					
Email:	_____						
Times Available:	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	_____	_____	_____	_____	_____	_____	_____
Additional Comments:	_____						

How did you hear about Pelican's SnoBalls?	_____						

High School:	_____	Cumulative GPA	_____	Year Graduated or Est. Graduation	_____
College:	_____	Cumulative GPA	_____	Year Graduated or Est. Graduation	_____
Sports & Extracurricular Activities:	_____				

If you are currently a student, please turn in this application with a copy of your most recent school transcript.

Previous Employment History:

Employer: _____ Dates of Employment: _____

Supervisor: _____ Phone No. _____

Address/Location: _____

Job Title & Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No (please check one)

Employer: _____ Dates of Employment: _____

Supervisor: _____ Phone No. _____

Address/Location: _____

Job Title & Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No (please check one)

References: (These should be character references other than former employers such as teachers, coaches, friends or relatives)

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone: _____ (Home) _____ (Cel)

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone: _____ (Home) _____ (Cel)

E-mail: _____

Notification, Authorization and Certification:

I am hereby notified that certain diseases such as Hepatitis A, E Coli 0157, Salmonella, Shigella, Staphylococcus, Giardia, Streptococcus and Campylobacter will prevent me from handling food equipment until a clean bill of health is received from my medical doctor. It is my obligation to Pelican's SnoBalls to immediately notify my supervisor should I knowingly become or believe that I am infected with any of these diseases.

I hereby authorize the former employers and references I have listed on this application to provide to Pelican's SnoBalls with any information that would be meaningful and relevant to this employment application and I release all parties from all liabilities and/or damages that result from furnishing such information. I certify that I have fully read and have accurately completed this employment application to the best of my knowledge. I acknowledge that any false information contained in this employment application may be grounds for Pelican's SnoBalls to disregard my employment application or to terminate my employment upon discovery of such false information.

I agree to read and follow the rules and regulations contained in the Pelican's SnoBalls Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Pelican's SnoBalls. I understand that Pelican's SnoBalls is an at-will employer and that Pelican's SnoBalls may terminate my employment at any time for any reason, with or without cause and that I also have these same rights with regard to terminating my own employment.

I understand that Pelican's SnoBalls is an equal opportunity employer and that Pelican's SnoBalls makes every effort to comply with various federal, state and local employment laws, as applicable. I also understand that the information I have provided in this application will not be used for any purposes(s) that are prohibited by law.

Signature_____

Date_____