



Pelican's SnoBalls

Full Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ (home) _____ (cell)

Email: _____

Availability: (Please consider time to travel to and from work)

Place times in the box for each day of the week.

Our hours are Mon-Thurs 11:00am-9:00pm, Sat 11:00am-9:00 pm & Sun1:00pm-9:00pm.

Summer hours we will be open until 10:00pm each night.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Comments on Availability: _____

Referred by: _____

Education:

High School: _____ **Cumulative GPA:** _____

Current Year or Est. Graduation Date: _____

Extracurricular: _____

College: _____ **Cumulative GPA:** _____

Current Year or Est. Graduation Date: _____

Extracurricular: _____

*****Please turn in a copy of your current transcript with your application if possible**



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Employment History - List most recent jobs first

Employer: _____ Dates of Employment: _____

Supervisor: _____ Phone: _____

Address: _____

Job Title/Responsibilities: _____

Reason for Leaving: _____

May we contact this employer (check one): yes no

If no, why? _____

Employer: _____ Dates of Employment: _____

Supervisor: _____ Phone: _____

Address: _____

Job Title/Responsibilities: _____

Reason for Leaving: _____

May we contact this employer (check one): yes no

If no, why? _____

References: Please list 3 references other than immediate family. These should be coaches, teachers, church leaders, etc.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____



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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 _____