



TEAM MEMBER APPLICATION

for the franchise locations in Wendell and Apex, NC

THE BASICS

NAME (print): Last _____ Middle I. ____ First _____ Date _____

CURRENT ADDRESS: _____ City _____ State _____ Zip _____

PHONE NUMBERS: Cell _____ Home _____

E-MAIL: _____

DO YOU HAVE RELIABLE TRANSPORTATION? ☐ Yes ☐ No What wage do you expect? _____

If you are under 18 years old, how old are you? _____ Are you eligible to work in the USA? ☐ Yes ☐ No

YOUR AVAILABILITY

Max hours you are able to work in a week: _____

Min hours you'd like to have every week: _____

	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							

Please fill out the above table and let us know when it applies: ☐ Summer ☐ During School ☐ Year Round

In the event that you chose either the summer or school above, please fill out the table below to let us know the rest of your availability if any:

	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							

< ☐ Summer ☐ During School ☐ No Other Availability

EDUCATION

High School (Last attended): _____ City/State _____ Graduation Year _____

College & Vocational School: _____ City/State _____ Graduation Year & Major _____

FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK

CONTACT ATTEMPT NOTES: _____

INTERVIEW NOTES: _____



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ACHIEVEMENTS

Please list any awards, certificates, leadership positions or any other achievements you're proud of and want to show off here: _____

Are you a veteran? ☐ Yes ☐ No

EMPLOYMENT HISTORY

(Please Include odd jobs such as babysitting, lawn care or volunteering)

Have you ever worked at a Pelican's SnoBalls before? ☐ Yes ☐ No If yes, which location? _____

Name & Address of Employer: _____

First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
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Name & Address of Employer: _____

First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
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Name & Address of Employer: _____

First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
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REFERENCES

Please provide 3. May include current or past employers/ supervisors, teachers, or any other individual familiar with your qualifications.

Name	Address	Phone	Relationship	Years Known
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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 Zig-Ice, LLC 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 Zig-Ice, LLC 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 hereby 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 Zig-Ice, LLC 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 Zig-Ice, LLC Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Zig-Ice, LLC. I understand that Zig-Ice, LLC is an at-will employer and that Zig-Ice, LLC 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 Zig-Ice, LLC is an equal opportunity employer and that Zig-Ice, LLC 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.

DATE

APPLICANT SIGNATURE