

TEAM MEMBER APPLICATION

for franchise located at: 55 Yeomans Avenue, Labelle, Florida 33935

THE BASICS

Name (print) First	Middle	I Last	Date		
Current Address		_ City	State Z	ip	
Home Phone Number ()		Cell ()			
E-mail Address:					
If you are younger than 18 years old, how old	are you?	What wage	are you expecting? \$		
Do you have reliable transportation to work?	O Yes O No	Do you have customer	service experience?	O Yes	O No
Are you eligible to work in the USA?	O Yes O No	Do you have food servi	ce industry experience?	O Yes	O No
Can you lift up to 50 lbs?	O Yes O No	Can you stand on your	feet for up to 8 hours?	O Yes	O No

	TELL US MORE	
Why do you want to work at P	elican's SnoBalls?	
What can you contribute to ou	r team?	
Please list any awards and/or le	adership experience (work or school)	
What are your interests & hob	pies?	
<u></u>		/

YOUR AVAILABILITY

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
то							

Please provide your availability in the table to the left and check when it applies:

O Summer O During School O Year Round

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM							
то							

If you chose either "Summer" or "During School" above, please provide any other availability in the table to the left and check when it applies: **O Summer O During School**

Maximum number of hours you would prefer to work _____

Minimum number of hours you would prefer _____

ONo Other Availability

Please list any vacations/time off or obligations that will affect your availability: ______

<u>NOTE</u>: Weekends, evenings & holidays are our busiest times. All Team Members are required to have weekend availability and be available on or around certain holidays (i.e. July 4th, Labor Day Weekend, Halloween, New Years Eve, etc.), although you may not always be scheduled on those days. We typically close down or close early on holidays such as Easter, Thanksgiving, Christmas Eve, Christmas Day & New Years Day.



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		EDUCATION		
	School Name, City & State	Graduated? (Yes/No)	Degree/ Courses	G.P.A.
High School				
College				
Graduate School				
Other				

Plea	EMP ase list your 3 most recent jobs.	LOYMENT HISTO		work)	
	r Pelican's SnoBalls? O Yes	0 /	ch location?		
Name & Address of Emp	bloyer				
Supervisor's Name			Phone Number		
First Day	Last Day	Wage	May we conta	act them? OY	es O No
Reason for Leaving					
Name & Address of Emp	bloyer				
Supervisor's Name			Phone Number		
First Day	Last Day	Wage	May we conta	act them? OY	es O No
Reason for Leaving					
Name & Address of Emp	bloyer				
Supervisor's Name			Phone Number		
First Day	Last Day	Wage	May we conta	act them? OY	es O No
Reason for Leaving					
		REFERENCES			
Please provide 3 reference	ces. They may include current o	or past employers/su	pervisors, teachers, anyone	e familiar with y	our skills.
NAME	ADDRESS		PHONE	RELATIC	ONSHIP



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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN:

I understand that I am applying for employment at this particular Pelican's SnoBalls location only and for this particular franchise operator only. I further understand that completion of this application does not indicate that there are positions available and does not obligate the franchise operator to whom I am submitting this application to hire me.

I certify that all answers provided on this application are true and complete to the best of my knowledge and that I have personally completed this application. I understand that providing false or misleading information on this application or in a job interview are grounds for rejection of this application and for termination of employment if I am hired.

I understand that if I am employed, my employment will be for no definite amount of time. I understand that my employment may be terminated at-will with or without cause, and with or without notice at the option of either this franchised Pelican's SnoBalls operator or me. I further understand that Pelican's SnoBalls is an equal opportunity employer and this franchise operator makes every effort to comply with federal, state and local employment laws.

I authorize all persons and businesses listed on this application to provide this franchise operator 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 am hereby notified that certain diseases such as Hepatitis A, E Coli 0157, Salmonella, Shigella, Staphylococcus, Giardia, Streptococcus, Campylobacter and COVID-19 will prevent me from handling food equipment until a clean bill of health is received from my medical doctor. It is my obligation to notify this franchise operator or my supervisor immediately should I knowingly become or believe that I am infected with any of these diseases.

DATE

APPLICANT SIGNATURE

Although it is not required, we encourage you to attach a copy of your most recent school transcript, resume and/or any additional documents to support your application. Please be able to provide these upon request.

Ways to submit your application:

- Drop off your application in person at the store. Ask for the Manager on Duty.
- Email it to labellepelicans@yahoo.com

FOR PELICAN'S USE ONLY. PLEASE LEAVE BLANK.