

## JOB APPLICATION

Pelican's Hickory - Chill Dilli, LLC  
810 US Highway 321 NW Hickory, NC 28601  
(828)569-2179 pelicanshickory@gmail.com

FIRST:	MIDDLE:	LAST:
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ADDRESS:	CITY:
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STATE:	ZIP:	PHONE:
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EMAIL:	TEXT TO CONTACT: YES __ NO __
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I am legally available for employment in the United States. YES __ NO __
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I am available to work the following shifts: ANY __ DAY __ NIGHT __
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LIST SPECIFIC TIMES THAT YOU ARE AVAILABLE (for example 12pm-9pm)

MON:	TUE:	WED:	THU:
FRI:	SAT:	SUN:	

\*IF YOU ARE UNABLE TO WORK A DAY OF THE WEEK, PLEASE EXPLAIN.

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## STUDENT INFORMATION

ATTENDING HIGH SCHOOL/COLLEGE:		
ADDRESS:	CITY:	STATE:
CURRENT GPA*: _____ *Unofficial Transcript will be required at interview.		

## EMPLOYMENT HISTORY

EMPLOYER NAME ADDRESS	POSITION	START/END DATE
1.		
2.		
3.		

## PERSONAL REFERENCES (PLEASE LIST 3)

NAME	RELATIONSHIP	CONTACT #

## AVAILABILITY

Availability & flexibility is a strong factor we use when selecting candidates for employment. We base our hiring on your current availability. Initial\_\_\_\_\_

## EVENTS & SCHEDULING

Working events is part of staff requirements and may have hours that are required before or after the standard hours. Please initial that you are aware that you may be scheduled to work events that could result in unusual scheduled hours. Initial\_\_\_\_\_

We are a seasonal business, open from mid-February through October. Operating hours are 12pm-9pm Monday-Saturday and 2pm-9pm Sunday. Hours may be extended during summer months and shortened near season end. We adjust our hours accordingly. We are also a weather-based business and if the

weather is bad (rain, cold, cloudy) your shift could be reduced or cut. (Please initial that you have read this).Initial\_\_\_\_\_

Please explain any of the following that could impact your hours of availability.

1. What year are you in school? \_\_\_\_\_
2. Do you have early dismissal, what time available? \_\_\_\_\_ 3.
- Are you a Home School Student? \_\_\_\_\_ 4.
- Do you have extra-curricular activities?(ex: band, sports, clubs...)

5. What are the time requirements/days for these activities?

6. Do you have your driver's license? \_\_\_\_\_ 7.
- Do you have your own transportation? \_\_\_\_\_ 8.
- Do you have any prior commitments? (ex: babysitting, leadership, music lessons, etc) \_\_\_\_\_
9. Is there anything else you feel we should know?

**SUMMER VACATION PLANS:** Please list any days you are expecting to travel during the summer break. (ex: senior week, camping trips, family vacations, church camp etc.) We attempt to accommodate everyone's schedule, however "surprise" trips are difficult for our business to plan operations around and time off request must be received two weeks in advance.

**NOTE:** Parents **MUST** sign this acknowledgement of your summer plans as it relates to your job availability.

Planned Trips	Date
1.	
2.	

**Applicant Initial:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**NOTIFICATION, AUTHORIZATION AND CERTIFICATION:**

I am hereby notified that certain diseases such as COVID, 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 CHILL DILLI, 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 CHILL DILLI, LLC with any information that would be meaningful and relevant to this employment application and I release all parties from all liabilities and/or damage 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. I acknowledge that false information contained in this employment application may be grounds for CHILL DILLI, 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 CHILL DILLI, LLC employee handbook that will be provided to me upon my employment and which may be updated periodically by CHILL DILLI, LLC. I understand that CHILL DILLI, LLC is an at-will employer and that CHILL DILLI, 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 CHILL DILLI, LLC is an equal opportunity employer and 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 purpose(s) that are prohibited by law.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_