	THE BAS	SICS			
NAME (print): Last	Middl	e I First		Date	
CURRENT ADDRESS:	City	/	State	Zip	_
PHONE NUMBERS: Cell		Home			_
E-MAIL:					_
DO YOU HAVE RELIABLE TRANSPORTATION?	O Yes O No		age do you expect	?	_
If you are under 18 years old, how old are you?		Are you eligible to	o work in the USA	? O Yes O No	

	YOUR AVAILABILITY FROM FEBRUARY 21 <sup>ST</sup> - MAY 31 <sup>ST</sup>							
	NEATLY SHADE IN EVERY BLOCK OF TIME YOU ARE AVAILIBLE TO WORK							
	MON	TUE	WED	THU	FRI	SAT	SUN	
12PM-1PM								
1PM-2PM								
2PM-3PM								
3PM-4PM								
4PM-5PM								
5PM-6PM								
6PM-7PM								
8PM-9PM								
9PM-10PM								

Maximum hours you are <b>ABLE</b> to work in a week:					
Minimum hours you'd <b>LIKF</b> to have every week:					

## YOUR AVAILABILITY FROM MAY 31<sup>ST -</sup> AUGUST 1<sup>ST</sup> NEATLY SHADE IN EVERY BLOCK OF TIME YOU ARE AVAILIBLE TO WORK YOU ONLY NEED TO MARK THIS SECTION IF YOUR AVAILABILITY IS DIFFERENT THAN THAT LISTED ABOVE AND YOU ARE SEEKING SUMMER EMPLOYMENT

	MON	TUE	WED	THU	FRI	SAT	SUN
12PM-1PM							
1PM-2PM							
2PM-3PM							
3PM-4PM							
4PM-5PM							
5PM-6PM							
6PM-7PM							
8PM-9PM							
9PM-10PM		_					

			EDUCATION			
High School (Last attended):			City/S	Graduation Year		
College & V	Vocational School:		City/State		Graduation Year & Majo	
_	•		ACHIEVEMENTS sitions or any other ac	-	u're proud of and want to show	<b>៷</b> off 
		Are you	a veteran? O Ye	es O No		
		E	MPLOYMENT HISTOR	RY		
	(Ple	ease Include odd job:	s such as babysitting, la	ıwn care or voluni	teering)	
Have you ev	er worked at a Peli	can's SnoBalls befo	ore? O Yes O No	If yes, which lo	cation?	
Name & Add	lress of Employer:					
	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:	
Name & Add	lress of Employer:					
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:	
Name & Add	ress of Employer: _					
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:	
						<i></i>
	Please provide 3. N		REFERENCES or past employers/ supe		or any other individual	
	Addres		niliar with your qualifica Phone		lationship Years Kno	own
Name	Addres					

	*FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK*	
CONTACT ATTEMPT NOTES:		
INTERVIEW NOTES:		

## **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 <a href="Management-SNAPRIGHTNOW,LLC">SNAPRIGHTNOW,LLC</a> 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 **SNAPRIGHTNOW,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 <a href="mailto:snapshape">SNAPRIGHTNOW,LLC</a> 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 **SNAPRIGHTNOW,LLC** Employees

Handbook that will be provided to me upon my employment and which may be updated periodically by **SNAPRIGHTNOW,LLC**. I understand that **SNAPRIGHTNOW,LLC** is an at-will employer and that **SNAPRIGHTNOW,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 Pelican's SnoBalls is an equal opportunity employer and that <u>SNAPRIGHTNOW,LLC</u> 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