

			Ар	plicant Info	ormation					
Full Name:	ə:				Date:					
	Last First					M.I.				
Current Address:										
	Street Addr	ress					Apartm	nent/Unit #		
	City					State	ZIP Co	nde		
Dhono	o.i.y			Em	oil			-		
Phone:	Email									
Emergen	cy Contact	name/phone	number:							
Date Available:			Do you have re transport		Desired Salary:\$					
Your Ava	ailability									
During Sc	hool	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
From										
То										
During Su	ımmer	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
From										
То										
If under 18 how old are										
Are you a c	itizen of the	United State	YES	NO	If no, are you	eligible to wor	k in the U.S.	YES NO		
Have you e	ver worked	for this comp	YES pany? □	NO ☐ If y	ves, when?					
				Educati	on					
High Schoo	l:			Address:						
		To:		yraduate?	ES NO Di	ploma:				
College:			A	ddress:						
From:		To:	Did you o	rraduate? Y	FS NO Γ	egree:				

Relationship:
Relationship:
_ Phone:
Relationship:Phone:
Relationship:Phone:
Phone:Supervisor:
Ending Salary:\$
ng:
Phone:Supervisor:
Ending Salary:\$
ng:
Phone:Supervisor:

Job Title:	Starting Salary:			Ending Salary:			
Responsibilities:							
From: To:		Reason for Leaving:					
May we contact your previous supervi	sor for a reference?	YES	NO				
Please List any Awards, certificate want to show off here:	es, leadership positio						
Are you a veteran?							
	Disclaimer an	d Signat	ure	_			
I am hereby notified that certain diseas Streptococcus and Campylobacter will p medical doctor. It is my obligation to DE or believe I am infected with any of these	ses such as Hepatitis A, or prevent me from handling DL Enterprises, LLC to i	E Coli 0157, food equip	Salmonella ment until a	clean bill of health is received from my			
I hereby authorize the former employer with any information that would be mear liabilities and/or damages that result from	ningful and relevant to the	is employme					
I hereby certify that I have fully read an knowledge. I acknowledge that false inf Enterprises, LLC to disregard my emplinformation.	formation contained in the	is employme	ent applicati	on may be grounds for DDL			
I agree to read and follow the rules and provided to me upon my employment at Enterprises, LLC is an at-will employer reason, with or without cause and that I	nd which may be update and that DDL Enterpris	d periodical es, LLC my	ly by DDL E terminate r	nterprises, LLC. I understand DDL ny employment at any time for any			
I understand that Pelican's SnoBalls is a comply with various federal, state and lo provided in this application will not be us	ocal employment laws, as	applicable.	I also unde	erstand that the information I have			
Date	Applicant Signatu	ıre					

Feel free 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.

Two ways to get your application to us:

- Drop off your application in person at the store. Ask for the Manager on Duty
- Email it to snoballs4u@yahoo.com

PELICAN'S EMPLOYS YOU EXCLUSIVELY ON A SEASONAL BASIS FOR APPROXIMATELY SEVEN MONTHS FROM YOUR HIRE DATE THROUGH THE DATE THAT PELICANS WILL **CLOSE IN OCTOBER OF THAT** SAME YEAR. DURING YOUR SEASONAL EMPLOYMENT, PELICAN'S EMPLOYS YOU ON AN AT-WILL BASIS, MEANING THAT YOUR SEASONAL EMPLOYMENT MAY END AT ANY TIME AND FOR ANY OR NO REASON.

Sign and date below