General

Full Name: Age:

Home address: City: State: Zip:

Cell: ( ) Email:

Home: ( ) Driver’s License? Y N Reliable transportation? Y N

Availability -Student Applicants may need to fill in both charts #1 and #2; Adult Applicants only complete chart #2

Date Available to Start: Students – are you able to work during the school year? Y N

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **# 1** | **SUN** | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** |
| **FROM** |  |  |  |  |  |  |  |
| **TO** |  |  |  |  |  |  |  |

* If you answered **Yes**, complete **both** charts; if **No**, complete chart **#2**

**#1** Students Only- fill-in the weekly hours you’re available during the school year. →

Date School Ends:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **# 2** | **SUN** | **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** |
| **FROM** |  |  |  |  |  |  |  |
| **TO** |  |  |  |  |  |  |  |

**#2** Mark the one that applies to this chart. →

Student – Summer break hours

Adult – All season (April-Oct.)

List any activities (sports, band, clubs) or commitments (babysitting) that could impact your availability:

**Availability** – Availability and flexibility are strong factors that we consider when selecting candidates for employment. We will base your hiring on your current availability that you provided above. Please initial that you have read and understand this. **Initial**

**Events** – Working events is part of our staff requirements and may result in you working before or after the regular business hours of the shop. Please initial that you are aware that you may be scheduled to work events that result in unusual hours. **Initial**

**Seasonal –** We are a seasonal business operating April - October, 12 pm – 9 pm, Monday-Saturday, 1 pm – 9 pm Sunday. As our season winds down, we will adjust our hours accordingly. We are also a weather-based business and if the weather is bad (rain, cold, etc.) your shift may be reduced or cut.

**Initial**

**Education**

High School: Year Graduated or Estimated Graduation

College/Trade: Year Graduated or Estimated Graduation

**Previous Employment** – Current or Most Recent

Employer Dates of Employment From To

Address/Location Telephone( )

Supervisor Job Title

Reason for Leaving May we contact? Yes No

Employer Dates of Employment From To

Address/Location Telephone( )

Supervisor Job Title

Reason for Leaving May we contact? Yes No

**References** – These should be character references other than former employers, such as: teachers, coaches, friends, or relatives.

Full Name Relationship

Home Address City State Zip

 Phone ( ) Email

Full Name Relationship

Home Address City State Zip

 Phone ( ) Email

**Notification, Authorization, and Certification**

I am hereby notified that certain diseases such as Hepatitis A, E. Coli 0157, Salmonella, Shigella, Staphylococcus, Giardi, 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 Pelican’s SnoBalls 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 that I have listed on this application to provide Pelican’s SnoBalls with any information that would be meaningful and relevant to this employment application and I release all liabilities and/or damages 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 that any false information contained in this employment application may be grounds for Pelican’s SnoBalls 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 Pelican’s SnoBalls Employee Handbook that will be provided to me upon my employment and which may be updated periodically by Pelican’s SnoBalls. I understand that Pelican’s SnoBalls is an at-will employer and that Pelican’s SnoBalls may terminate my employment at any time for any reason, with or without cause and that I also have these same right with regard to terminating my own employment.

I understand that Pelican’s SnoBalls is an equal opportunity employer and that Pelican’s SnoBalls makes every effort to comply with various federal, state, and local employment laws, as applicable. I also understand that the information that I have provided in this employment application will not be used for any purpose(s) that are prohibited by law.

**Signature of Applicant Date**

**Parent/Guardian** (If Applicant’s under 18) Date

**Please return completed application to the shop during regular business hours or email to: Pelicansmol@gmail.com**