



## TEAM MEMBER APPLICATION

for the franchise location on 2601 Sweeten Creek Road, Asheville, NC. 28803

\*\*\* Please complete the application and email as an attachment to [pelicans.asheville@gmail.com](mailto:pelicans.asheville@gmail.com)

### THE BASICS

NAME (print): Last \_\_\_\_\_ Middle I. \_\_\_\_ First \_\_\_\_\_ Date \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBERS: CELL \_\_\_\_\_ HOME \_\_\_\_\_

EMAIL: \_\_\_\_\_ DO YOU HAVE RELIABLE TRANSPORTATION: Yes No

If you are under 18 years old, how old are you? \_\_\_\_\_ Are you eligible to work in the USA? Yes No

### YOUR AVAILABILITY

Max hours you are able to work in a week: \_\_\_\_\_

Min hours you'd like to have every week: \_\_\_\_\_

	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							

Please fill out the above table and let us know when it applies: ☐ Summer ☐ During School ☐ Year Round

In the event that you chose either the summer or school above, please fill out the table below to let us know the rest of your availability if any:

	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							

< ☐ Summer ☐ During School ☐ No Other Availability

### EDUCATION

High School (Last attended): \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_

College & Vocational School: \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Year & Major \_\_\_\_\_

*\*FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK\**

CONTACT ATTEMPT NOTES: \_\_\_\_\_

INTERVIEW NOTES: \_\_\_\_\_



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### ACHIEVEMENTS

Please list any awards, certificates, leadership positions or any other achievements you're proud of and want to show off here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a veteran?      Yes      No

### EMPLOYMENT HISTORY

*(Please Include odd jobs such as babysitting, lawn care or volunteering)*

Have you ever worked at a Pelican's SnoBalls before?      Yes      No      If yes, which location?

Name & Address of Employer: \_\_\_\_\_

First day      Last Day      Phone #      Supervisor:      Wage/Pay:      Reason for leaving:

\_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

First day      Last Day      Phone #      Supervisor:      Wage/Pay:      Reason for leaving:

\_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

First day      Last Day      Phone #      Supervisor:      Wage/Pay:      Reason for leaving:

\_\_\_\_\_

### REFERENCES

*Please provide 3. May include current or past employers/ supervisors, teachers, or any other individual familiar with your qualifications.*

Name	Address	Phone	Relationship	Years Known
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\_\_\_\_\_

\_\_\_\_\_

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### **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 **Mountain Snow, 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 **Mountain Snow, , 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 **Mountain Snow, 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 **Mountain Snow, LLC** Employees Handbook that will be provided to me upon my employment and which may be updated periodically by **Mountain Snow LLC**. I understand that **Mountain Snow, LLC** is an at-will employer and that **Mountain Snow, 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 **Mountain Snow, LLC** 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.

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DATE

APPLICANT SIGNATURE