

TEAM MEMBER APPLICATION

for the franchise location on 235 Weaverville Hwy Asheville, NC 28804 ***Please email completed application to pelicanssnoballsofwoodfin@gmail.com***

							THE BASICS			
NAME (IAME (print): Last					Middle I	First		Date	
CURREN	CURRENT ADDRESS:					City			Zip	
PHONE	PHONE NUMBERS: Cell					Home				
E-MAIL	:									
DO YOL	J HAVE F	RELIABLE	E TRAN	SPORTA	TION?		Yes 🔵 No	What w	age do you expe	ect?
If you a	re unde	r 18 yea	rs old, ł	now old	are yo	u?	Are	you eligible to	o work in the US	A? Yes No
						Y	OUR AVAILABI	LITY		
	SUN	MON	TUE	WED	THU	FRI	SAT			
FROM										
TO	<u> </u>					L	it applies:			chool 💮 Year Round
Min ho	urs you'	d like to								
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		FOR PELICAN'S US	SE ONLY, PLEASE	LEAVE BLANK	
CONTACT AT	TEMPT NOTES:_				
INTERVIEW I	NOTES:				
		A	CHIEVEMENTS		
		cates, leadership position	-	-	u're proud of and want to show off
		Are you a vete	eran? Ye	s 🔵 No	
		EMPL Please Include odd jobs such)	OYMENT HISTOP		teerina)
Have you ev		elican's SnoBalls before?			
Name & Add	Iress of Employe	r:			
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
Name & Ado	Iress of Employe	r:			
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
Name & Ado	Iress of Employe	r:			
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:



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		REFERENCES		
	teachers, or any other indi	ndividual		
Name	Address	Phone	Relationship	Years Known

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 Freeman and Co, 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 Freeman and Co, 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 Freeman and Co, 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 Freeman and Co, LLC Employees

Handbook that will be provided to me upon my employment and which may be updated periodically by Freeman and Co, LLC. I understand that Freeman and Co, LLC is an at-will employer and that Freeman and Co, 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 Freeman and Co, 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.

I understand that Pelican's SnoBalls employs you exclusively on a seasonal basis for approximately seven months from your hire date through the date the Pelican's SnoBalls will close in October of that same year. During your seasonal employment, Pelican's SnoBalls employs you on an at-will basis, meaning that your seasonal employment may end at any time and for any or no reason.

DATE

APPLICANT SIGNATURE_____