

CURR PHON	E (print): l						THE	ASICS
рнор		_ast					M	dle I FirstDate
		RESS:						ity State Zip
	IE NUMBI	ERS: Cell						Home
	IL:							
DO Y(	OU HAVE	RELIABLE	E TRAN:	SPORTA	TION?	C	Yes	No What wage do you expect?
f γοι	ı are unde	r 18 yea	rs old, l	how old	are yo	u?		Are you eligible to work in the USA? Yes 🔵 No
/								
						`	OUR A	AILABILITY
	SUN	MON	TUE	WED	THU	FRI	SAT	
RON	Λ							
0				L				
	Summe	r 🔵 D	ouring S	ichool	Ye Ye	ar Rou	nd	Max hours you are able to work in a week:
								Min hours you'd like to have every week:
leas	e fill out t	he abov	e table	and let	us knov	w whe	n it app	s:
	SUN	MON			THU	FRI	SAT	
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<b>^</b>	Summe	r 🔵 D	Ouring S	School	🔵 Ye	ar Rou	nd	
	e event the ability if ar	-	iose eit	ther the	summ	er or s	chool a	ve, please fill out the above to let us know the rest of you
vane	ionity if a	·y.						
							EDU	ATION
								City/State Graduation Year
ligh	School (La	ist atten	ded):					
	School (La ge & Voca							/State Graduation Year & Maj



ACHIEVEMI	ENTS
Please list any awards, certificates, leadership positions or any or nere:	ther achievements you're proud of and want to show off
Are you a veteran?	

		EMPL	OYMENT HISTOR	RY	
		(Please Include odd jobs suci	h as babysitting, la	wn care or volun	teering)
Have you ev	er worked at a P	elican's SnoBalls before?	Yes No	If yes, which l	ocation?
Name & Add	lress of Employe	r:			
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
Name & Ado	lress of Employe	r:			
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:
Name & Add	Iress of Employe	r:			
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:

s, or any other indiv Relationship	vidual Years Known
Relationship	Years Known



## \*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 **PELICANS KINGSBURG** 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 **PELICANS KINGSBURG** 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 **PELICANS KINGSBURG** 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 PELICANS KINGSBURG Employees

Handbook that will be provided to me upon my employment and which may be updated periodically by **PELICANS KINGSBURG**. I understand that Pelican's SnoBalls is an equal opportunity employer and that **PELICANS KINGSBURG** 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 November 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