

							THE	BASICS							
IAME (print): Last						Middle I First			Date						
CURRENT ADDRESS:						CityS			StateZip						
						Home									
E-MAIL:															
DO YOU	HAVE R	ELIABLE	TRANS	PORTAT	ION?	∘ Ye	es o No		Wha	t wage d	o you e	xpect?			
f you ar	e under	18 years	s old, h	ow old a	are you	?		_ Are	you eligibl	e to wor	k in the	USA?	(⊃ Yes ○ I	١o
						YC	OUR AV	AILABIL	ΙΤΥ						
	SUN	MON	TUE	WED	THU	FRI	SAT								
			IUL												
FROM								-							
TO Max hou Min hou	ırs you'd	are able t I like to h e above	to work	k in a we	ek:			es: ^	○ Summ	er ○ D	uring Sc	chool	⊙ Ye	ar Roun	d
TO Max hou Min hou	irs you'd ll out th	like to h e above	to work have eve table a	k in a we ery wee Ind let u	ek: is know	when	it appli	es: ^	○ Summ	er ○ D	uring Sc	chool	○ Ye	ar Roun	d
TO Max hou Min hou Please fi	ırs you'd	like to h	to work	k in a we	ek: is know			es: ^	○ Summ	er o D	uring Sc	chool	○ Ye	ar Roun	d
TO Max hou Min hou	irs you'd ll out th	like to h e above	to work have eve table a	k in a we ery wee Ind let u	ek: is know	when	it appli	es: ^	၀ Summ	er ∘D	uring Sc	chool	○ Ye	ar Roun	d
TO Max hou Min hou Please fi FROM TO In the ev your ava	rs you'd ll out th SUN vent that ilability	t you cho if any:	to work have even table a TUE ose eith	< in a we ery wee and let u WED	ek: is know THU summe	r or scł	it appli		○ Summ ase fill out		-				
TO Max hou Min hou Please fi FROM TO In the ev your ava	rs you'd ll out th SUN vent that ilability	like to h e above MON t you cho	to work have even table a TUE ose eith	< in a we ery wee and let u WED	ek: is know THU summe	r or scł	it appli				-				
TO Max hou Min hou Please fi FROM TO In the ev your ava	rs you'd ll out th SUN vent that ilability	t you cho if any:	to work have even table a TUE ose eith	< in a we ery wee and let u WED	ek: is know THU summe	r or scł	it appli				-				
TO Max hou Min hou Please fi FROM TO In the ev your ava	rs you'd ll out th SUN vent that ilability	t you cho if any:	to work have even table a TUE ose eith	< in a we ery wee and let u WED	ek: is know THU summe	r or scł	it appli				-				
TO Max hou Min hou Please fi FROM TO In the ev your ava	vent than ilability	t you cho if any:	to work have even table a TUE ose eith School	<pre>< in a we ery wee und let u WED her the s ONo f </pre>	ek: is know THU summe Other A	r or sch	it applie SAT nool abe	ove, ple		the tabl	e below	/ to let	us kr		rest of



	FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK	
CONTACT ATTEMPT NOTES:		
INTERVIEW NOTES:		

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

		E	MPLOYMENT HISTO	RY		
		(Please Include odd jobs	such as babysitting, lo	awn care or volun	teering)	
Have you ev	er worked at a P	elican's SnoBalls befor	re? • Yes • No If	f yes, which loca	tion?	
Name & Ado	dress of Employe	er:				
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:	
		- <u></u>				
Name & Ado	dress of Employe	er:				
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:	
Name & Ado	dress of Employe	er:				
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 indi	vidual				
familiar with your qualifications.								
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 <u>Chasadilla, LLC</u> 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 <u>Chasadilla</u> <u>LLC</u> 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 <u>Chasadilla, LLC</u> 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 **<u>Chasadilla, LLC</u>** Employees

Handbook that will be provided to me upon my employment and which may be updated periodically by <u>Chasadilla, LLC.</u> I understand that <u>Chasadilla, LLC</u> is an at-will employer and that <u>Chasadilla, LLC</u> 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 <u>Chasadilla, LLC</u> 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.

APPLICANT SIGNATURE

DATE