

TEAM MEMBER APPLICATION

for Tintra Enterprises, LLC located at 1124 George Washington Hwy, Chesapeake, VA 2332 Pruden Blvd, Suffolk, VA, and/or454 Chestnut Street, Portsmouth, VA

								THE B	ASICS								
	NAME (p	NAME (print): Last					Middle I First										
	CURRENT ADDRESS:							City									
	PHONE NUMBERS: Cell							Home									
	E-MAIL:																
	DO YOU	HAVE R	ELIABLE	TRANS	PORTAT	ION?	O Y	es O N	0	Wh	at wage (do you	expect?				
\	If you are	e under	18 years	s old, h	ow old a	are you	?		_ Are y	ou eligi	ble to wo	ork in th	ne USA?	С	Yes C) No	
_		YOUR AVAILABILITY															
	Max hours you are able to work in a week:									SUN	MON	TUE	WED	THU	FRI	SAT	
	Min hou	rs vou'd	l like to h	nave ev	erv wee	ek:			FROM								
	Please fi	-							TO	O Comm	mer C) Direction	a Cabaal				
\ -	ТО																
		EDUCATION															
	High Sch	High School (Last attended):						City/State					Graduation Year				
	College 8	College & Vocational School:			City/State					Graduation Year & Major							
		FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK															
	CONTAC	ONTACT ATTEMPT NOTES:															
	INTERVIE	NTERVIEW NOTES:															



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			ACHIEVEMENTS			
	•	icates, leadership posi	•	•	u're proud of and	want to show off
		Are you a	veteran? O Ye	es O No		
		EN	MPLOYMENT HISTO	RY		
		(Please Include odd jobs s	such as babysitting, la	ıwn care or volunt	teering)	
Have you eve	er worked at a P	elican's SnoBalls befor	e? O Yes O No	If yes, which lo	cation?	
Name & Add	lress of Employe	r:				
irst day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leav	ing:
Name & Add	lress of Employe	r:				
irst day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leav	ing:
 Name & Add	 lress of Employe	r:				
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leav	ing:
			REFERENCES			
	Please provide 3	3. May include current or famil	past employers/ supe liar with your qualifica		or any other individ	ual
		ress	Phone	e Re	lationship	Years Known



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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 Tintra Enterprise, 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 Tintra Enterprise, 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 Tintra Enterprise, 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 Tintra Enterprise, LLC Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Tintra Enterprise, LLC. I understand that Tintra Enterprise, LLC is an at-will employer and that Tintra Enterprise, 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 Tintra Enterprise, LLC is an equal opportunity employer and that Tintra Enterprises, 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.

DATE APPLICANT SIGNATURE