



Pelican's SnoBalls

Team Member Application

Full Name: _____ Date: _____
First Last

Address: _____
Street Address City State Zip Code

Phone: _____ (Home) _____ (Cell)

Email: _____

Time of Day Available:	Mon	Tue	Wed	Thur	Fri	Sat	Sun
(Indicate Range/Day)	Start + End	Start + End	Start + End	Start + End	Start + End	Start + End	Start + End

Comments: _____

Where did you hear about the job posting? _____

High School: _____ Cumulative GPA _____ Year Graduated or Est. Graduation _____

College: _____ Cumulative GPA _____ Year Graduated or Est. Graduation _____

Sports and Extracurricular Activities: _____

Please be able to turn in a copy of your most recent school transcript upon request *(unofficial is fine)*

If you are more than 4 years out from your most recent graduation date then please include your resume instead.

Previous Employment History:

Employer: _____ Dates of Employment: _____

Supervisor: _____ Phone No. _____

Address/Location: _____

Job Title & Responsibilities: _____

Reason for Leaving _____

May we contact this employer? Yes _____ No _____ (please check one)

Employer: _____ Dates of Employment: _____

Supervisor: _____ Phone No. _____

Address/Location: _____

Job Title & Responsibilities: _____

Reason for Leaving _____

May we contact this employer? Yes _____ No _____ (please check one)

References: *(Should be character references other than former employers such as teacher, coach, volunteer coordinator, pastor, etc.)*

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone: _____ (Home) _____ (Cell)

E-mail: _____

Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Phone: _____ (Home) _____ (Cell)

E-mail: _____

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 Pelican's SnoBalls 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 Pelican's SnoBalls 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 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 Pelican's SnoBalls 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 Pelican's SnoBalls Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Pelican's SnoBalls. I understand that Pelican's SnoBalls is an at-will employer and that Pelican's SnoBalls 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 Pelican's SnoBalls 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.

Signature _____

Date _____

By typing your name you are legally signing this document