

TEAM MEMBER APPLICATION

for the franchise location on 9030 Bonita Beach Rd., Bonita Springs, FL

	THE BASICS							
NAME (print): Last	Middle I First		Date			ite		
CURRENT ADDRESS:	City			State		Zip		
PHONE NUMBERS: Cell		Home _						
E-MAIL:								
DO YOU HAVE RELIABLE TRANSPORTATION? O	Yes O No	Wha	t wage o	do you	expect?			
If you are under 18 years old, how old are you?	Are yo	ou eligib	le to wo	rk in th	ie USA?	С	Yes C) No
1	YOUR AVAILABILIT	Υ						
Max hours you are able to work in a week:		SUN	MON	TUE	WED	THU	FRI	SAT
Min hours you'd like to have every week:	FROM							
Please fill out the above table and let us know when	10		ner O			0 1/		<u> </u>
	EDUCATION							
High School (Last attended):		tate						
College & Vocational School:	City/State				Grad	uation	Year &	Major
FOR PELICAN'S	S USE ONLY, PLEAS	E LEAVE	BLANK	k				
CONTACT ATTEMPT NOTES:								
INTERVIEW NOTES:								

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	•	• •	achievements ositions or any other achievements	chievements yo	ou're proud of an	nd want to show off	
		Are you	ı a veteran? O Ye	s O No			
			EMPLOYMENT HISTO	RY			
		(Please Include odd jol	bs such as babysitting, la	wn care or volur	iteering)		
Have you ev	er worked at a P	elican's SnoBalls bet	fore? O Yes O No	If yes, which lo	ocation?		
Name & Ado	dress of Employe	r:					
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:		
Name & Ado	dress of Employe	r:					
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leaving:		
Name & Ado	dress of Employe	r:					
First day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for le	eaving:	
			REFERENCES				
	Please provide 3		or past employers/ supe miliar with your qualifica		, or any other indi	vidual	
Name	Add	-	Phone		elationship	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 Bonita Balls, LLC dba 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 Bonita Balls, LLC dba 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 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 Bonita Balls, LLC dba 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 Bonita Balls, LLC dba Pelican's Snoballs Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Bonita Balls, LLC dba Pelican's Snoballs. I understand that Bonita Balls, LLC dba 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 Bonita Balls, LLC dba 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.

DATE	APPLICANT SIGNATURE