

NAME (print): Last Middle I First	Date		
CURRENT ADDRESS: City State Z	Zip		
PHONE NUMBERS: Cell Home			
E-MAIL:			
DO YOU HAVE RELIABLE TRANSPORTATION? Ves No What wage do you expect?			
If you are under 18 years old, how old are you? Are you eligible to work in the USA?	C	Yes (No
YOUR AVAILABILITY			
	THU	FRI	SAT
Min hours you'd like to have every week: FROM	IIIO		JAI
TO			
EDUCATION			
High School (Last attended): City/State Gradue			
	uation `	Year &	Major
College & Vocational School: City/State Gradu			
College & Vocational School: City/State Gradu			
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College & Vocational School: City/State Gradu			
FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK CONTACT ATTEMPT NOTES:			
FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK			
FOR PELICAN'S USE ONLY, PLEASE LEAVE BLANK CONTACT ATTEMPT NOTES:			



			ACHIEVEMENTS		
			sitions or any other a	-	u're proud of and want to show or
		Are you	a veteran? 🛛 Ye	es No	
			EMPLOYMENT HISTO	RY	
		(Please Include odd jol	bs such as babysitting, lo	awn care or volun	teering)
Have you ev	er worked at a P	elican's SnoBalls bef	ore? Yes No	If yes, which l	ocation?
Name & Add	Iress of Employe	er:			
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:
Name & Ado	Iress 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 individual 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>Pj & Karly's Snoballs</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>Pj &</u> <u>Karly's Snoballs</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>Pi</u> <u>& Karly's Snoballs</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 Pelican's SnoBalls Employees

Handbook that will be provided to me upon my employment and which may be updated periodically by <u>Pj & Karly's</u> <u>Snoballs.</u> I understand that <u>Pj & Karly's Snoballs</u> is an at-will employer and that <u>Pj & Karly's Snoballs</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>Pj & Karly's Snoballs</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.

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 October 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