for the franchise location at 909 Montague Ave, Greenwood, SC 29649

							THE E	BASICS							
NAME (p	NAME (print): Last					Middle I First				Date					
CURREN	CURRENT ADDRESS:									StateZip					
PHONE	PHONE NUMBERS: Cell						Home								
E-MAIL:															
DO YOU	HAVE RE	ELIABLE	TRANS	PORTAT	ION?	ΟY	es O N	0	Wha	at wage (do you	expect?			
If you are	e under	18 years	s old, he	ow old a	are you	?		_ Are y	ou eligit	ole to wo	ork in th	ne USA?	С) Yes C) No
						YC	OUR AV	AILABILI	ГҮ						
Max hours you are able to work in a week: _				eek:				SUN	MON	TUE	WED	THU	FRI	SAT	
	Min hours you'd like to have every week							FROM							
								то							
Please fi	ll out the	e above	table a	nd let u	s know	when	it appli	es: ^	O Sum	mer C	Durin	g School	ΟY	ear Ro	und
In the ev	ent that	you cho	ose eith	ner the s	summe	r or sch	nool ab	ove, plea	se fill ou	it the tab	ole belo	w to let	us kno	w the	rest of
	SUN	MON	TUE	WED	THU	FRI	SAT	your a	vailabilit	ty if any:					
FROM								< 0 Su	ımmer	O Duri	ng Sch	ool O	No Oth	er Ava	ilability
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High Sch		attend	ed).					ATION	State			Grad	luation	Vear	
								City/S	itate						
High Sch College 8									itate						د Major
								City/S	State						
								City/S	State						
								City/S	State						
							City	City/S							
College 8	& Vocatio	onal Sch	iool:				City	City/S //State							
	& Vocatio	onal Sch	iool:				City	City/S //State							
College &	& Vocatio	onal Sch	iool:				City	City/S //State							
College 8	& Vocatio	onal Sch	iool:				City	City/S //State							
College &	& Vocatio	onal Sch	iool:				City	City/S //State							
College &	& Vocatio	onal Sch	iool:				City	City/S //State							

TEAM MEMBER APPLICATION

for the franchise location at 909 Montague Ave, Greenwood, SC 29649

Please list any awards, certificates, leadership positions or any other achievements you're proud of and want to show off here: ___

		EMPLO	OYMENT HISTO	RY			
	(Please Include odd jobs such	as babysitting, lo	awn care or volun	teering)		
lave you ev	er worked at a Po	elican's SnoBalls before?	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 leav	ving:	
Name & Ado	dress of Employe	 r:					
irst day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leav	ving:	
Name & Ado		 r:					
irst day	Last Day	Phone #	Supervisor:	Wage/Pay:	Reason for leav	ving:	
		I	REFERENCES				
	Please provide 3	. May include current or pas familiar v	t employers/ supe vith your qualifico		or any other individ	dual	
Name	Addr	ess	Phone	e Re	elationship	Years Knowr	

Are you a veteran? O Yes O No

TEAM MEMBER APPLICATION

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

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