



Penguin's SnoBalls Employment Application

Full Name:	<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div>	Date:	_____					
	<div style="display: flex; justify-content: space-around;"> First Middle Last </div>							
Home Address:	_____							
	Street	City	State					
Phone:	(Home) _____	(Cell) _____	Zip Code _____					
Email:	_____							
Available Time:	Sun	Mon	Tues	Wed	Thur	Fri	Sat	(Indicate Time Range Each Day)

Comments:	_____							

Referred By:	_____							

High School:	_____	GPA:	_____	Graduation Date:	_____
College:	_____	GPA:	_____	Graduation Date:	_____
Sports or Extracurricular Activities:	_____				

Please turn in application with a copy of your most current school transcript.

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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, Steptococcus 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 Penguin'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 referece I have listed on this application to provide to Penguin'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 Penguin'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 Penguin's SnoBalls Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Penguin's SnoBalls. I understand that Penguin's SnoBalls is an at-will employer and that Penguin's SnoBalls may terminate my employment at any given 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 Penguin's SnoBalls is an equal opportunity employers and 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 notbe used for any purpose(s) that are prohibited by law.

Signature: _____

Date: _____