



Application for Employment

DATE OF APPLICATION

Various federal, state, and local laws prohibit discrimination based on race, color, sex, sexual orientation, religion, creed, national origin, ancestry, age, physical or mental disability, pregnancy, medical condition, citizenship, military service status, veteran status, or marital status. Emerald City Smoothie, LLC is an equal opportunity employer, and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

PERSONAL INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

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Are you at least 16 years of age? ☐ Yes ☐ No

Employees under the age of 18 may be required to obtain a work permit.

HOW DID YOU HEAR ABOUT THE POSITION?

Have you ever been employed by or applied to any Emerald City Smoothie location? ☐ Yes ☐ No

IF YES, LIST DATES AND LOCATION(S)

Upon employment, are you able to submit verification of your identity and legal right to work in the United States?

☐ Yes

☐ No

Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.

IN CASE OF EMERGENCY

CONTACT NAME

PHONE

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STREET ADDRESS

CITY

STATE

ZIP

EMPLOYMENT DESIRED

POSITION

☐ Associate ☐ Shift Leader ☐ Manager

WHEN ARE YOU AVAILABLE TO START?

Willing to work at other ECS locations?

Total hours available per week: _____ hours

☐ Yes ☐ No

Please indicate the hours you are available to work each day.

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM							
TO							

EMPLOYMENT HISTORY

Start with your current or most recent employer and list all employers from the last ten years. Attach additional sheets if necessary.

1. EMPLOYER NAME & ADDRESS			POSITION	
_____			_____	
START DATE	END DATE	SUPERVISOR	STARTING WAGE	FINAL WAGE
_____	_____	_____	_____	_____
REASON FOR LEAVING				

2. EMPLOYER NAME & ADDRESS			POSITION	
_____			_____	
START DATE	END DATE	SUPERVISOR	STARTING WAGE	FINAL WAGE
_____	_____	_____	_____	_____
REASON FOR LEAVING				

3. EMPLOYER NAME & ADDRESS			POSITION	
_____			_____	
START DATE	END DATE	SUPERVISOR	STARTING WAGE	FINAL WAGE
_____	_____	_____	_____	_____
REASON FOR LEAVING				

EDUCATION

	NAME & LOCATION OF SCHOOL	LEVEL COMPLETED	DEGREE	COURSE / MAJOR
High School				
College or Other Training				

REFERENCES

List three people not related to you whom you have known for at least one year.

	NAME	ADDRESS	PHONE	YEARS KNOWN
1				
2				
3				

ADDITIONAL INFORMATION

Include any other information that would help us consider you for employment, such as hobbies, interests, additional work experience, honors received, volunteer work, or organizations. (You may omit any information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

VOLUNTARY

This section is optional. It will not be held against any applicant being considered for a position with ECS.

What personal accomplishment are you most proud of?

APPLICANT'S STATEMENT

With my signature below, I certify that the statements I have made on this application are true and complete, and that I have not withheld any requested information. I understand that any misrepresentation of fact on this employment application is grounds for rejection of the application and dismissal should I be hired. I authorize Emerald City Smoothie, LLC to make any investigation it considers appropriate concerning my application for employment, including, without limitation, an investigation of my personal and employment references, public records, education, employment history, and financial and credit history. (However, I understand that if a consumer credit report or investigative consumer report is ordered, I will be notified in accordance with any applicable law.) I authorize my prior employers and other persons listed on this application to give Emerald City Smoothie, LLC any and all information concerning my application, character, and work that may be requested. I release Emerald City Smoothie, LLC and any person, company, or other entity that provides Emerald City Smoothie, LLC with information, from any and all liability and damages that may result from the investigation or the disclosure or use of such information.

I understand that nothing contained in this employment application or in the granting of any interview is intended to create or imply an employment contract between Emerald City Smoothie, LLC and myself. Any modification to any terms and conditions of employment will be made in writing and is subject to the approval of a corporate officer. No promise concerning employment has been made to me. If an employment relationship is established, I understand that it will be "at will," meaning that both the Company and I will have the right to terminate my employment at any time, with or without cause. I also understand and accept that overtime, irregular hours, and workweeks are a requirement of the Company.

I agree that, upon termination of employment, I will repay any and all monies due Emerald City Smoothie, LLC within thirty (30) days from my termination date.

I understand that Company policies are subject to change at any time, with or without notice.

I understand that any offer of employment is subject to verification of employment eligibility as required by the Immigration Reform and Control Act of 1986.

APPLICANT SIGNATURE

DATE