



APPLICATION FOR EMPLOYMENT

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:

Name _____ Social Security Number _____
Last First Middle Initial

Address _____
Street City State Zip

Home Phone Number () _____ Cell Phone Number () _____

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 for a position with any Emerald City Smoothie location? YES NO
If yes, please list dates and location(s) _____

Are you able, upon employment, 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.

Have you ever been convicted of a crime?
PLEASE REVIEW SPECIAL NOTICE REGARDING CRIMINAL CONVICTIONS BEFORE RESPONDING TO THIS QUESTION. YES NO
If yes, you must disclose for each offense: date, charge, city, state and disposition:

NOTICE TO APPLICANTS IN CALIFORNIA – In responding to the question concerning criminal convictions, you should not report (in other words, you should not answer “yes”) with respect to any of the following: (a) minor traffic violations, (b) marijuana-related convictions dated more than two years ago, (c) convictions that have been judicially ordered sealed, expunged, or statutorily eradicated, or (d) misdemeanor convictions which have been judicially dismissed pursuant to California Penal Code Section 1203.4. You also should not provide any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program. You will not necessarily be disqualified for employment because of an affirmative answer.

EMPLOYMENT DESIRED:

Position: ASSOCIATE SHIFT LEADER MANAGER When are you available to start work? _____

Total available Hours per week: _____ Hours Are you willing to work at other ECS locations? YES NO

Please indicate the hours you are available to work.
FROM MON TUES WED THUR FRI SAT SUN
TO _____

EDUCATION:

	<u>Name & location of school</u>	<u>Level completed</u>	<u>Degree</u>	<u>Course/ Major</u>
High School	_____	_____	_____	_____
College or Other Training	_____	_____	_____	_____

REFERENCES: (give the names of three individuals not related to you whom you have known at least one year)

	Name	Address	Phone	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In Case of Emergency, Contact: Name _____ Phone () _____

Address _____
Street City State Zip

EMPLOYMENT HISTORY:

(Start with your current or most recent employer & list all employers for the last ten years. Please attach additional sheets if necessary.)

Date	Employer name and address	Position	_____
Start End	_____	Final Wage	_____
_____ to _____	_____	Supervisor	_____
Reason for leaving	_____	Final Wage	_____

Date	Employer name and address	Position	_____
Start End	_____	Final Wage	_____
_____ to _____	_____	Supervisor	_____
Reason for leaving	_____	Final Wage	_____

Date	Employer name and address	Position	_____
Start End	_____	Final Wage	_____
_____ to _____	_____	Supervisor	_____
Reason for leaving	_____	Final Wage	_____

ADDITIONAL INFORMATION:

Please include any other information you think would be helpful to us in considering you for employment, such as hobbies, interests, additional work experience, honors received, volunteer work, organizations or groups, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin or disability).

VOLUNTARY:

Please note that this section is voluntary. It is not necessary to complete and will not be held against any applicant in consideration for a position with ECS.

1. Name the personal accomplishment you are 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 of 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 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.

Date _____ Signature _____