

APPLICATION FORM

Please Print All Information



DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ APARTMENT: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBERS: _____ LAST 4 DIGITS OF SOCIAL _____

EMAIL: _____ SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

SHIFTS AVAILABLE TO WORK: (CHECK ALL THAT APPLY)

☐ DAYS

☐ NIGHTS

☐ WEEK-ENDS

SHIFTS NOT AVAILABLE TO WORK: (LIST ALL THAT APPLY):

HAVE YOU EVER BEEN EMPLOYED BY US BEFORE?

IF YES, DATE: _____

ARE YOU CURRENTLY EMPLOYED?

☐ YES

☐ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ YES

☐ NO

ARE YOU 18 YEARS OR OLDER?

☐ YES

☐ NO

ARE YOU A U.S. CITIZEN OR AUTHORIZED BY INS TO WORK?

☐ YES

☐ NO

(Proof of citizenship or immigration status is required upon employment.)

YOU ARE AVAILABLE TO WORK:

☐ FULL TIME

☐ PART TIME

☐ TEMPORARY

DATE YOU CAN BEGIN WORK: _____

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST SEVEN (7) YEARS?

☐ YES

☐ NO

(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)

IF YES, PLEASE EXPLAIN: _____

EDUCATION

SCHOOL ADDRESS	CREDITS EARNED	MAJOR	DIPLOMA/DEGREE
HIGH SCHOOL:			
COLLEGE:			
TECHNICAL/OTHER:			

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

NAME & ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM MO YR	TO MO YR	DESCRIBE IN DETAIL WORK YOU DID AND YOUR TITLE	WEEKLY START SALARY OR HOURLY RATE	WEEKLY END SALARY OR HOURLY RATE	REASON FOR LEAVING	NAME, TITLE AND PHONE NUMBER OF YOUR SUPERVISOR
1.							
2.							
3.							
4.							
5.							

I hereby give Brownies on the Lake permission to contact my former employers and be provided with complete information regarding my former employment including any and all information included in my personnel file and/or reasons for the end of my employment.

PERSONAL REFERENCES:

NAME: _____ COMPANY: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY/ STATE/ ZIP: _____

NAME: _____ COMPANY: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY/ STATE/ ZIP: _____

NAME: _____ COMPANY: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

CITY/ STATE/ ZIP: _____

WHY WOULD YOU BE A GOOD CHOICE FOR THIS POSITION? _____

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT



(PLEASE READ CAREFULLY BEFORE SIGNING.)

I certify that the answers given by me in this employment application are true, correct and complete. I agree that brownies on the Lake shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Further, I agree that if I seek damages for my termination and it is determined that, in any respect, that my employment was terminated and/or would have been terminated because of misstatements or pertinent omissions made by me in this application or failure to follow Brownies on the Lake's rules or regulations, that I will be responsible for any and all actual attorney fees and costs incurred by Brownies on the lake in defending itself.

I agree to the search or examination of myself or personal property while on Brownies on the Lake's premises. I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records, to Brownies on the Lake. I hereby release all companies, schools, or other persons from liability for any damages whatsoever for releasing this information. The use of results from this form and/or tests will be used for prudent employment decisions. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates Brownies on the Lake to employ me.

In the event of employment, I will comply with all Brownies on the Lake's rules and regulations as established from time to time. I also understand that Brownies on the Lake retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion.

I hereby understand and acknowledge that any employment relationship with Brownies on the Lake is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of Brownies on the Lake.

During my employment with Brownies on the Lake and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Brownies on the Lake in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Brownies on the Lake or unless an authorized Executive or attorney of Brownies on the Lake is present. I agree that any such discussions in violation of this agreement will cause irreparable harm to Brownies on the Lake. A copy of this form may be used as the original. I agree that any claim or lawsuit relating to my service with Brownies on the Lake or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature: _____ **Date:** _____

Brownies on the Lake has instituted procedures to protect its employees from identity theft. As such, whenever legally possible, Brownies on the Lake will only ask an employee to provide the last four digits of its social security number. However, certain laws and government organizations require an employer to identify an employee by social security number. For your protection, we will keep this document, as well as all documents where your full social security number is necessary, in a separate file in a filing system that is locked and accessible only to necessary personnel. This file and the information contained therein will only be provided to outside sources where required by law or upon your express written authorization. Pursuant to this policy, all employees are required to complete a new employment application. The previous application will be destroyed to protect your social security information.

STATEMENT OF SOCIAL SECURITY INFORMATION

Full Name: _____

Social Security: _____

Telephone: _____

Address: _____