

PURA VIDA SHAVED ICE

1407 Standiford Ave Ste. A1 Modesto, CA 95350 (209) 566-9632

**2017 APPLICATION FOR EMPLOYMENT**

Pura Vida is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital status, physical or disability, pregnancy, medical conditions, sexual orientation or any other legally protected status in accordance with federal law. We maintain a "Drug and Alcohol Policy" and a "Sexual Harassment Policy" consistent with accepted workplace practices regarding these matters. Upon request, you may review a copy of each policy before completing this application. Equal access to all programs, services and employment is available to all qualified people. Those applicants requiring assistance to complete the application or interview process should contact a management representative.

APPLICANT INFORMATION

Today's Date:				
First Name:		Last:		Middle:
Do you have a different name/nickname you prefer to go by? ____ Yes ____ No			If yes:	
Street Address:			Apt./Unit:	
City:		State:		ZIP:
Phone:		E-mail Address:		
Summer Dates Available:			Are you currently employed?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL #: _____ State Issued: _____ Exp. Date: _____				

EDUCATION

School Name	Did You Graduate	Degree/Major:	School Address:
High School:			
From _____ to _____			
College:			
From _____ to _____			
Additional:			
From _____ to _____			
Other:			
From _____ to _____			

HOURS OF AVAILABILITY

Monday		Monday		Notes:
Tuesday		Tuesday		
Wednesday		Wednesday		
Thursday		Thursday		
Friday		Friday		
Saturday		Saturday		
Sunday		Sunday		
Hours Desired Per Week:				
Are you seeking..... <input type="checkbox"/> MODESTO <input type="checkbox"/> OAKDALE <input type="checkbox"/> EITHER PV LOCATION OK				

PRIOR EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with your present or last employer listed first. Be sure to account for all periods of time including any period of unemployment and military service. If self-employed, give firm name and supply business references. You may attach additional pages if necessary. Attach additional pages if needed.

Have you ever been involuntarily terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>
Please explain any gaps in your employment history: (use space below for more)
Please list any other experience, job related skills, or other qualifications that you believe should be considered in evaluating your qualifications:

Company	Supervisor's Name:	
Address	Supervisor's Title:	
May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Phone:	
Job Title	Starting Salary: \$	Ending Salary: \$
Dates Employed	From (Month/Year)	To (Month/Year)
Responsibilities: List the jobs you held, duties performed, skills used or learned:		
Reason for Leaving?		

Company	Supervisor's Name:	
Address	Supervisor's Title:	
May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Phone:	
Job Title	Starting Salary: \$	Ending Salary: \$
Dates Employed	From (Month/Year)	To (Month/Year)
Responsibilities: <i>List the jobs you held, duties performed, skills used or learned:</i>		
Reason for Leaving?		

Company	Supervisor's Name:	
Address	Supervisor's Title:	
May we contact your previous supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Phone:	
Job Title	Starting Salary: \$	Ending Salary: \$
Dates Employed	From (Month/Year)	To (Month/Year)
Responsibilities: <i>Briefly list the jobs you held and major duties</i>		
Reason for Leaving?		

UNEMPLOYMENT INFORMATION

Account for all periods of time, three months or more between positions held:

FROM	TO	HOW DID YOU SPEND THIS TIME?
_____/____/____	_____/____/____	

PROFESSIONAL REFERENCES

Please list **THREE professional** references of individuals who are **NOT related** to you who have knowledge of your qualifications. *le: Teacher/coach/supervisor*

Name and Title	Professional Relationship	Company or School Name and Business Address	Contact Number/Alternate Contact

CO-WORKER/TEAMMATE REFERENCES

Please list **THREE (3)** individuals you have worked with who are **NOT related** to you; do not include personal friends or relatives. *IF you have never held a job, (only if this is your first job) you may substitute teammates or others for references*

Name and Years Known	Occupation	Relationship <small>Example: Worked together at XYZ company for x years)</small>	Contact Number

- 1) Are you at least 18 years old? Yes No
Note: If under 18, hire is subject to verification that you are of minimum legal age.
- 2) If hired would you have a reliable means of transportation to and from work? Yes No
- 3) Have you ever plead guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes No
a. If yes please give details and dates:
- 4) Do you have friends and/or relatives working (or have worked) for this company? Yes No
a. If yes, name(s) and relationship(s): _____
- 5) On what date are you available to begin work and if applicable for summer positions when is the last day you can work?
- 6) Are there any dates/weekends in the next 5 months you know you cannot work? (Please List)

Note: Answering yes to any question does not constitute an automatic bar to employment.

APPLICATION AGREEMENT

Please read, *initial each paragraph*, and sign below. **READ CAREFULLY BEFORE SIGNING APPLICATION**

* _____ I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. I hereby certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. The information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume, or during interviews, can be justification for refusal of employment, or, if employed, termination from the Company.

* _____ I have read and understand the federal Fair Credit Reporting Act (FCRA). FCRA promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. Upon reading my summary of rights under the FCRA I understand that for more information, including facts about additional rights, I can go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW Washington, D.C. 20580.

* _____ I affirm that I understand Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Pura Vida will verify the status of every individual offered employment with The Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

* _____ I understand that this application is not an employment contract for any specific length of time between Pura Vida and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on Pura Vida's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

* _____ References: I hereby authorize the company and its agents to investigate and inquire into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

* _____ In the event of employment, I understand that I am required to comply with all rules and regulations of Pura Vida. I understand that the company reserves the right to require me to submit to a test for the presence of drugs or alcohol in my system prior to employment and at any time during my employment, to the extent permitted by law. I voluntarily submit to the drug and/or alcohol screening and understand that the presence of drugs or alcohol in my system may disqualify me from further consideration of employment with this company, or may result in termination of my employment with the company.

* _____ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

* _____ I understand it is my responsibility to verify that the state and federal payroll tax deductions taken on my payroll checks match the information I provided on my completed W-4 form.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS.

SIGNATURE: _____ * **Date:** _____

PRINTED NAME: _____ *

CITY/STATE: _____ *