



Application for Employment

Your application will be considered active for 30 days.
To be considered for employment after that, you must reapply.

www.overthetopsnacks.com

We are an equal opportunity employer. Applications for all job openings are welcome and will be considered without regard to race, gender, age, national origin, color, religion, disability, military status, sexual orientation or any other basis covered by applicable federal, state or local law.

Personal Information

Name	First	Middle	Last		
Address	Street	City	State	ZIP	
Phone Number () -	Cell Number () -	E-mail			

Are you under the age of 18? Yes No If yes, can you supply a valid work permit? Yes No	If hired, can you supply proof of eligibility to work in this country? Yes No
Have you ever been convicted of a crime other than a traffic violation? Yes No If yes, give date(s) and conviction(s). A conviction will not necessarily disqualify you from employment.	
What skills do you have that would help you to be successful at Over the Top Snacks?	
This job requires lifting up to 50 pounds, walking and standing for up to eight hours at a time, verbally communicating with customers and other Associates, making and selling food, using and cleaning restaurant equipment and using computerized point of sale systems. Are you able to perform these job requirements with or without reasonable accommodation? Yes No	

Work Location and Availability

Where would you like to work?	Have you applied to work for Over the Top Snacks before? Yes No If yes, when and what location?		
What position(s) are you interested in? Staff Shift Leader Manager	Have you worked for Over the Top Snacks before? Yes No If yes, when and what location?		
How many hours per week would you like to work?	What type of position would you like? Part-time Full-time Seasonal	Date you can start	Wage desired

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
When are you available to work?	From							
	To							

Education

	School name	Did you graduate?	Course of study
High School			
College/Technical School			

Do you have any school activities that could affect your availability to work?
What courses have you taken that could benefit you at Over the Top Snacks?

Personal References

Please list three people, other than relatives or former employers, who know you.

Name	How does this person know you?	Phone number	How long has this person known you?

Do you know anyone who is currently employed by Over the Top Snacks? Yes No If yes, please give name and location where they work.
Do you know anyone who was previously employed by Over the Top Snacks? Yes No If yes, please give name and location where they worked.

Work History

Have you ever been a member of the United States military? Yes No If yes, please give details.

Have you ever been terminated or asked to resign from a job? Yes No If yes, please give details.

Are you employed now? Yes No	If yes, where are you employed?	May we contact your current employer? Yes No
Position	Wage	Supervisor and Phone Number

Please list your five most recent jobs, starting with the most recent first.

From	Company	Location	Position	Wage
To	Supervisor	Phone Number	Why did you leave?	
From	Company	Location	Position	Wage
To	Supervisor	Phone Number	Why did you leave?	
From	Company	Location	Position	Wage
To	Supervisor	Phone Number	Why did you leave?	
From	Company	Location	Position	Wage
To	Supervisor	Phone Number	Why did you leave?	
From	Company	Location	Position	Wage
To	Supervisor	Phone Number	Why did you leave?	

The Secretary of Health & Human Services has determined that certain diseases including Hepatitis A, typhoid fever (Salmonella typhi), shigellosis (Shigella) and E coli (Escherichia coli O157:H7) may prevent you from handling and serving food, handling food service equipment and handling utensils in a sanitary fashion. An essential function of this job involves handling and serving food, handling food service equipment and handling utensils in a sanitary fashion. Is there any reason why you cannot perform the essential functions of this job? Yes No

I understand and agree that, if I am employed, my employment will be "at will," which means that the employer or I can terminate the employment relationship at any time, for any reason that is not contrary to law. I understand and agree that the employer reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion, at any time with or without notice. I agree that only the president of the company is authorized to enter into any type of employment relationship other than an "at will" employment relationship and such agreement must be in writing and signed by both parties.

At the end of employment, I agree to promptly return to the employer, in reasonable condition, all uniforms and other employer owned materials in my possession, or pay the reasonable cost to replace such items. I understand that my final paycheck will not be processed until all employer owned materials are returned or until I have paid the reasonable cost to replace such items and have paid any charges incurred for food purchased or otherwise removed from the business or damage to employer owned assets, equipment or inventory due to my negligence.

If employed, I understand that any data, procedures, recipes or other employer or Over the Top Snacks, Inc. (franchisor) owned information is the sole property of the respective owner and may not be conveyed, sold or otherwise transferred to any person or company for any reason during or after my employment. If employed, employer and/or Over the Top Snacks, Inc. (franchisor) shall have the right, without compensation to me, to use my name, biography, photographic or non-photographic likeness and recorded voice at any time during or after my employment. I give the employer permission to make both audio and video recordings of my activities while inside or near an Over the Top Snacks facility. I authorize the employer to contact me by home phone, cell phone and E-mail.

I hereby certify that the facts contained in this Application are true and complete to the best of my knowledge. I understand that if I am employed, any statements I have falsified on this Application shall be grounds for my dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein.

READ CAREFULLY BEFORE SIGNING: I agree that any claim or lawsuit relating in any way to my employment must be filed no more than six months after the date of the event that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature	Date
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