

## APPLICATION FOR EMPLOYMENT

Tropical Smoothie Café is proud to be a Drug-Free workplace

Tropical Smoothie Café ("TSC") is an equal opportunity employer and does not discriminate in recruiting, hiring, training, promoting or other employment practices on the basis of race, color, religion, sex, age, marital status, pregnancy, national origin, political affiliation, familial status, disability, sexual orientation or veteran status. No question in this application is intended to obtain information to be used for such discrimination and you may omit any information that would disclose any basis for discrimination. Please complete this form in your own handwriting and in ink, even if including a resume. We ask that you fill in all information. If you require additional space for answers, please use an additional sheet of paper.

	First Name	MI	Social Security Number	Home Telepho	one Number	Cell Phone		
reet Address		City		Si	ate	Zi	ip	
Email Address			Emergency Contact Name and Phone Number					
re you 18 years of	age or older? Yes No If no	ot, do you have	e the proper work per	mits? Yes No				
lave you ever been	convicted of a felony? Yes	No If yes, ple	ease complete the se	ction below:				
	date(s), location(s) and nature							
A conviction will not nec	essarily prohibit you from being emplo	oyed.						
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lave you previously	been employed with TSC?	res no il ye	s, when, where (and	ior whom), and	ın wnat position	<u> </u>		
lave vou previously	applied for employment with	TSC? If ves w	hen where and for y	what position?				
are year providuely	applied for employment man	100: 11 700; 11	Tion, whore, and for	mat poolion.				
re you currently en	nployed? If yes, please list you	ur current posit	ion and hours worked	d per week:				
Are you currently en	nployed? If yes, please list you	ur current posit	ion and hours worked	d per week:				
	nployed? If yes, please list you				ent employer/whe	en can you start	at TSC?	
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Do you have a current Nevada Health Card? Yes No If yes, please provide date of expiration:

Employment Experience and Skills Have you ever been discharged or asked to resign from a position? Yes No If yes, please explain the circumstances:								
Have you ever held a position of trust (handling money or confidential material)? Yes No If yes, please specify:								
The state of the s								
State why you desire to make a change in employment and why you want to work at TSC:								
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Please account for the last three jobs	that you held (including part-time em	ployment, summer or temporary emplo	vment and military service):					
Name and address of employer	that you hold (moldaring part time on	Supervisor's Name	Position Position					
Starting date (mo/yr)	Leaving date (mo/yr)	Starting pay	Ending pay					
Duties			Reason for Leaving					
May we contact your supervisor? Yes No I	f yes, please provide phone number. If not, plea	ase explain why.						
Name and address of ampleyor		Cunaria aria Nama	Desition					
Name and address of employer		Supervisor's Name	Position					
Starting date (mo/yr)	Leaving date (mo/yr)	Starting pay	Ending pay					
Duties		•	Reason for Leaving					
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Duties			Reason for Leaving					
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imay we contact your supervisor? Yes No II	f yes, please provide phone number. If not, plea	ise explain wny.						
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statements on this application shall b references to give you any and all info otherwise, and release all parties from	e grounds for dismissal. I authorize in ormation concerning my previous emp	the best of my knowledge and underst nvestigation of all statements contained ployment and any pertinent information sult from furnishing the same to you. I for any reason without prior notice.	I herein. I further authorize all listed that may have, personal or					

Date

Signature