



Employment Application
An Equal Opportunity Employer

Date of Application		
Month	Day	Year

It is the company's policy to provide equal opportunity in conformance with all applicable laws

PERSONAL

NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	HOME PHONE
ADDRESS:	CITY	STATE	ZIP CODE	DAYTIME PHONE
ARE YOU UNDER THE AGE OF 18? YES___ NO___	CAN YOU SUBMIT PROOF OF AGE? YES___ NO___			
NAME/ADDRESS/PHONE OF PERSON TO CONTACT IN CASE OF EMERGENCY?				

EMPLOYMENT DESIRED

WHAT TYPE OF WORK ARE YOU INTERESTED IN?	WAGE DESIRED?
ARE YOU CURRENTLY EMPLOYED? YES___ NO___	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER YES___ NO___
ARE THERE ANY HOURS, SHIFTS OR DAYS THAT YOU CANNOT OR WILL NOT WORK? YES___ NO___	IF YES, WHEN?
DATE AVAILABLE FOR EMPLOYMENT:	DO YOU HAVE ADEQUATE TRANSPORTATION TO GET TO WORK? YES___ NO___

GENERAL INFORMATION

HAVE YOU EVER WORKED FOR THIS COMPANY PREVIOUSLY? YES___ NO___	IF YES, WHEN? WHERE?
FRANCHISE OWNER'S NAME	REASON/S FOR LEAVING:
ARE YOU ABLE TO PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS FOR WHICH YOU ARE APPLYING? YES___ NO___	
IF HIRED, DO YOU AGREE TO ABIDE BY THE SAFETY RULES OF THE COMPANY? YES___ NO___	IF HIRED, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES? YES___ NO___
HAVE YOU EVER BEEN COUNSELED FOR CASH HANDLING SITUATIONS? YES___ NO___	IF YES, PLEASE EXPLAIN:

EDUCATIONAL HISTORY

SCHOOL	NAME AND LOCATION	MAJOR	LEVEL OR YEARS COMPLETED	TYPE OF DEGREE OR CERTIFICATE ATTAINED
HIGH SCHOOL				
COLLEGE				
OTHER				

IDENTIFICATION REQUIREMENTS

THE IMMIGRATION AND CONTROL ACT OF 1986 REQUIRES THAT, IF HIRED, BEFORE YOU START WORK, YOU PRESENT TO THE SELECTING MANAGER, DOCUMENTS WHICH ESTABLISH YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES. SOME OF THE DOCUMENTS MAY INCLUDE:		
UNITED STATES PASSPORT	DRIVER'S LICENSE	STATE ID CARD WITH PHOTO
CERTIFICATE OF CITIZENSHIP	SOCIAL SECURITY CARD	US MILITARY CARD
CERTIFICATE OF NATURALIZATION	US BIRTH CERTIFICATE	
ALIEN REGISTRATION CARD WITH PHOTO	CURRENT FOREIGN PASSPORT W/ ATTACHED EMPLOYMENT AUTHORIZATION	

In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST FIVE YEARS. INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. ACCOUNT FOR PERIODS OF UNEMPLOYMENT IN THE SPACE PROVIDED BELOW

FROM: MO/YR	TO: MO/YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET, CITY, STATE AND ZIP CODE)			
STARTING WAGE	ENDING WAGE	JOB TITLE	IMMEDIATE SUPERVISOR	TELEPHONE	
\$ PER	\$ PER			()	
DESCRIPTION OF DUTIES					
REASON FOR LEAVING				MAY WE CONTACT YES___ NO___	

FROM: MO/YR	TO: MO/YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET, CITY, STATE AND ZIP CODE)			
STARTING WAGE	ENDING WAGE	JOB TITLE	IMMEDIATE SUPERVISOR	TELEPHONE	
\$ PER	\$ PER			()	
DESCRIPTION OF DUTIES					
REASON FOR LEAVING				MAY WE CONTACT YES___ NO___	

FROM: MO/YR	TO: MO/YR	EMPLOYER'S NAME AND COMPLETE ADDRESS (COMPANY NAME, STREET, CITY, STATE AND ZIP CODE)			
STARTING WAGE	ENDING WAGE	JOB TITLE	IMMEDIATE SUPERVISOR	TELEPHONE	
\$ PER	\$ PER			()	
DESCRIPTION OF DUTIES					
REASON FOR LEAVING				MAY WE CONTACT YES___ NO___	

PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT:

FROM:	TO:	HOW DID YOU SPEND YOUR TIME?
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DRUG AND ALCOHOL POLICY

JUICE IT UP HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR IT'S EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS OR CONTROLLED OR ILLEGAL SUBSTANCES. APPLICANTS FOR EMPLOYMENT MAY BE REQUIRED TO TAKE A ND PASS A DRUG AND ALCOHOL SCREENING TEST BEFORE THEY CAN BEGIN TO WORK AND EMPLOYEES MAY BE TESTED IF THE COMPANY HAS A REASONABLE SUSPICION OF SUBSTANCE ABUSE. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, IN MY DISMISSAL.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF THE COMPANY AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY.

APPLICANTS SIGNATURE: _____ **DATE:** _____