



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER It is the policy of Juicy's, LLC to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status. We reasonably accommodate individuals with handicaps, disabilities and bona fide religious beliefs.

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

POSITION APPLIED FOR: _____ Date: _____ Available to Start: _____

PERSONAL DATA

(Last Name) (First Name) (Middle Name)

(Address) (City) (State) (Zip)

Telephone Number Social Security Number Date of Birth

Cell Number Alternate Number e-mail address

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? Yes No VISA TYPE: _____
VISA # / Exp Date _____

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No
IF YES, GIVE FULL PARTICULARS. (CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE JUICYS, LLC? Yes No

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT OR WORK FOR THE JUICYS, LLC? Yes No

IF YES, WHEN? (MO.) _____ (YR.) _____

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED, OR TERMINATED? Yes No

IF YES, PLEASE EXPLAIN: _____



EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list two professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Disclaimer and Signature
 I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------



DRUG-FREE WORKPLACE POLICY

It is the purpose of Juicys, LLC (the Company) to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Juicys, LLC

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment or **while occupying any employer provided lodging facility.**
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug testing at any interval determined by the Company.
- **FOR CAUSE TESTING:** The Company may ask an employee to submit to a drug test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.



APPLICANT'S CERTIFICATION AND AGREEMENT

____ I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

____ I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations as described below, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Juicys, LLC and as often as directed during employment.

____ I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Juicys, LLC without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only **Brett Enright, President** of the Juicys, LLC has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

____ I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Juicys, LLC's Terms of Employment and Policy and Procedures, as amended from time to time by the Juicys, LLC.

____ I UNDERSTAND that if I am employed, that I will be required to wear certain uniform items, such as a Company shirt, visor, and /or apron and that such cost of each item may be deducted from my pay check if the items are not returned. I voluntarily authorize Juicys, LLC to deduct such amounts from my pay check if I do not return such items immediately after the last day of the scheduled event.

____ I UNDERSTAND that if I am employed, that I will be required to carry a identification (ID) badge while employed and that there will be a **ten-dollar (\$10)** deposit withheld from my first pay check and that upon delivery of the identification badge back to the Company, I will be entitled to a complete return of the deposit. In the event, the ID badge is lost, stolen, or destroyed regardless of fault of the employee, I will be required to pay an additional **\$10** to replace badge. I further UNDERSTAND that the ID badge may not be transferred or assigned to any other individual and that such transfer could give rise to immediate termination solely determined by the Company.

____ I AM WILLING to work at _____ during weekdays (except _____) and weekends.

____ I UNDERSTAND that I will be on time and if I am sick or if I expect to be more than 5 minutes late from my scheduled start time, I will contact my manager immediately so that the manager can make other arrangements.

____ I UNDERSTAND that I will need to arrive at work with the appropriate dress code. If I do not meet this requirement I understand that I will be asked to leave and that I will not be able to work until an approved uniform is worn.

____ I UNDERSTAND that if I am having problems with another employee I will come to any Juicys' Manager for help or advice.

____ I UNDERSTAND that I will have respect for all of my co-workers and management staff.

____ I UNDERSTAND that stealing and/or giving away food will not be tolerated and will result in my immediate termination from Juicys.

____ I UNDERSTAND that the use of any drugs or alcohol is strictly prohibited while on Company premises which include employer provided lodging and that immediate termination of employee can occur.

____ I UNDERSTAND that if I choose to use the employer provided lodging facility that I shall keep the facility in good clean condition and that I shall not use vulgarly and shall refrain from creating a disturbance among other individuals staying at the same location.

____ I UNDERSTAND that I must inform my employer, Juicys, of any home address change. In the event Juicys sends me a check to my last known address and Juicys is required to issue a stop payment on the check and reissue another check to a different address, Juicys will charge me a **\$25 administrative fee and deduct this fee against my paycheck.**



DRUG AND/OR ALCOHOL TESTING CONSENT FORM

I _____ hereby have read the drug/alcohol testing policy of Juicys, LLC and agree, upon a request made under such policy, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

All applicants and employees who believe they to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

Signature _____ Date _____

Thank you for completing this application. Your interest in *Juicys* is appreciated.



APPLICANT'S UNIFORM AND IDENTIFICATION BADGE CHECK OUT, PAY RATE

Name: _____

Social Security Number: _____

Stand: _____

Uniform Juicys does not charge for uniforms, unless the uniform is not returned to the company at the event of the event. The following are amounts that would be charged in the event items are not returned.

Item	Unit Price					Qty	Total Cost	
Shirt	\$ 15	SM	MD	LG	XLG			
Visor	\$ 15							
Jackets	\$ 30	SM	MD	LG	XLG			
Apron	\$ 30	SM	MD	LG	XLG			
Total Amount of charges if items not returned								

Pay Hourly Rate: _____

Payroll Payment Dates: Juicys issues checks on each Wednesday covering the pay period for the prior week. Our pay period is Friday through Thursday. For example, if you worked from Friday to Thursday (July 5th through July 11th), your check would be issued to you Wednesday July 17th.

By signing this agreement, I voluntarily authorize Juicys, LLC to deduct above mentioned amounts from my pay check. I UNDERSTAND that I am entitled to receive my deposit of \$____ for Identification Badge upon delivery of the badge at the conclusion of the event. I understand and agree that if the ID badge is loss, stolen, or destroyed regardless of fault of the employee, I will be required to pay an additional \$____ to replace badge. I UNDERSTAND that the ID badge may not be transferred or assigned to any other individual and that such transfer could give rise to immediate termination solely determined by the Company.

I further UNDERSTAND that I shall be paid an hourly rate of \$_____ and that I may be eligible for certain discretionary bonuses that are determined at the end of an event.

Signature _____

Date _____