

# FROGGY HOPS, LLC

Team Member Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Driver's License Number:		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever been convicted of child abuse or molestation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you at least 16 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you at least 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you capable of lifting heavy loads?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If No, current grade:
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	
<i>Please list three references that are not related to you. (Teachers, Coaches, Youth Leaders, Previous Employers, etc)</i>	
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone
Full Name	Relationship
Company	Phone



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**PERSONAL INPUT OPPORTUNITY – MAX 150 WORDS EACH**

Describe to us why you want to join the Froggy Hops Team.

Describe your strengths that you would bring to the Froggy Hops Team.

How did you hear about the position at Froggy Hops?

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**AVAILABILITY**

Describe your availability completely. Weekdays, weekends, planned vacations, school commitments, sporting commitments, other work commitments, etc

Will you be available for a MINIMUM of 50% of weekend dates? YES  NO

Will you be available to work through the end of October? YES  NO

**MILITARY SERVICE**

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

**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. I understand that any offer of employment is contingent on results of a MVR (motor vehicle report) and criminal background check.

Signature

Date