



THRIVE JUICE BAR & KITCHEN APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS

Last Name:		First Name:		Pronouns (*optional):							
Current Street/Mailing Address:			City, State, Zip:								
Phone:		Email Address:									
Position(s) you are applying for: .		Check work desired:	FULL TIME	PART TIME	MORNING ONLY	AFTRN ONLY					
Date available to start:	Desired hourly pay range or salary requirements:		Indicate the days you are available with a check mark:		SUN	M	T	W	TH	F	SAT
Are you available to work through late October?		Y	N	Are you age 18 or older?		Y	N				
If not, what is the length of your availability?				Are you eligible to be lawfully employed in the USA?		Y	N				
				Do you have reliable transportation to and from work?		Y	N				

List any friends or relatives employed by the company and what their relationship is to you:

*Have you ever been convicted of a felony? Y N *If yes, provide details here:

*Conviction of a crime will not automatically disqualify you from employment.

Why do you want to work at Thrive?

EMPLOYMENT EXPERIENCE, MILITARY EXPERIENCE, OR VOLUNTEER WORK

Are you known by any other name to the companies that you are listing below? If so, please list it here:

1	Employer Name:		Employer Address:			
	Employment Start Date:	Employment End Date:	Can We Contact This Employer?	YES _____	NO _____	
	Employer Phone Number:		Starting Pay Rate:	Final Pay Rate:		
	Supervisor Name:		Reason for Leaving:			
	Your Job Title:		Work Performed:			
2	Employer Name:		Employer Address:			
	Employment Start Date:	Employment End Date:	Can We Contact This Employer?	YES _____	NO _____	
	Employer Phone Number:		Starting Pay Rate:	Final Pay Rate:		
	Supervisor Name:		Reason for Leaving:			
	Your Job Title:		Work Performed:			
3	Employer Name:		Employer Address:			
	Employment Start Date:	Employment End Date:	Can We Contact This Employer?	YES _____	NO _____	
	Employer Phone Number:		Starting Pay Rate:	Final Pay Rate:		
	Supervisor Name:		Reason for Leaving:			
	Your Job Title:		Work Performed:			

4	Employer Name:		Employer Address:		
	Employment Start Date:	Employment End Date:	Can We Contact This Employer?	YES _____	NO _____
	Employer Phone Number:		Starting Pay Rate:	Final Pay Rate:	
	Supervisor Name:		Reason for Leaving:		
	Your Job Title:		Work Performed:		

PROFESSIONAL REFERENCES (please do not list relatives or friends)

Reference Name & Title:	Phone Number:	Address:

EDUCATION

	Name and Address of School	Course of Study	Did you Graduate?	List Diploma / Degree
High School				
College				
Other School				

PRE-EMPLOYMENT STATEMENT AND APPLICANT UNDERSTANDING

I represent that my responses set forth in this application are truthful, accurate, and complete. Any and all false or inaccurate statements made by me in this Application or otherwise during the employment evaluation process shall be grounds both for rejecting my Application for employment and, should I be hired by Company, termination of my employment. Be aware that the Company is required to report New Hire information to the State of Maine, Dept of Human Services, Division of Support Enforcement and Recovery weekly or within 7 days of the date of hire. The Company complies with this legal requirement.

I authorize representatives of Company to contact educational institutions, state and federal agencies (to conduct driving record checks and criminal history records checks) and employers designated in this Application for purposes of verification and investigation of my educational, criminal record, driving record, and employment background and performance. Such individuals and organizations are authorized to release such information as may be requested by a Company representative. I hereby release all such persons from liability or damages incurred as a result of furnishing such information. I understand that an unsatisfactory reference shall be grounds both for rejecting my Application for employment and, should I be hired by Company, termination of my employment. Should I be employed by Company, I understand that I could be subject to an outside probe if accused of wrongdoing.

I certify that I am neither suspended nor excluded from participation in Medicare or state health programs under provisions of sections 1128 or 1156 of the Social Security Act. Company desires to maintain a safe and healthy working environment for the benefit of all employees. Where there is a reasonable question as to whether or not I can safely perform the duties of my job due to my physical or mental condition, Company shall have the right to require that I submit to physical or mental examinations for purposes of receiving medical confirmation that I can safely perform the duties of my job. Any and all such examinations shall be for job-related purposes only and shall be performed by a medical advisor or advisors selected and paid for by Company. I hereby release all such information to Company and waive any right of confidentiality.

Submission of the application does not entitle me to be interviewed by Company. Further, nothing in this Application or in the employment evaluation process shall be construed as either an offer of employment or an obligation on the part of Company to provide any benefit to me. This Application shall be pending, unless withdrawn by me, until Company makes a decision on whether or not to hire me or until the 30th day after submission of this application to Company, whichever occurs first. If no action is taken on my Application within a 30-day period, I understand that I must re-apply to Company in order to be considered for employment. Should I be employed by Company, I agree to comply with any and all employment rules and policies of Company.

After reading all of the terms of this application, I hereby affirm that I understand and agree to the provisions of the same. I also agree that my employment with the Company is on an "at-will" basis, meaning that such employment may be permanently discontinued by either the Company (through discharge or lay/off) or myself through voluntarily quitting at any time without notice and without any recourse of any kind by either party. I expressly agree and understand this is the entire agreement between the Company and me on the subject of discharge, termination and/or layoff, and it may be changed only by an agreement in writing signed by the President of the Company. I agree to conform to the Company's rules and I also agree that I shall be subject to other conditions, which the Company may adopt. I affirm the information in this application is true and complete, and any intentional deception herein may be considered sufficient cause for dismissal.

APPLICANT'S SIGNATURE: _____ **TODAY'S DATE:** _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
 Qualified applicants are considered for employment without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. All employment decisions shall be consistent with the principles of equal opportunity employment. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.