

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

*T.Stop person calling applicant_ Date called						
Date, day, time of personal interview Date application turned in:						
Date application turned in.						
First name:	Last name:					
Middle name:	Name Preference:		Age:			
Street Address:						
City:	State:	_Zip				
Phone No. (w/area code)						
Alternate Phone No						
How did you hear of this opening?						
Do you know other employee's working at the Trolly Stop now or in the past?						
Please list:		<u> </u>				
Are you a U.S. citizen or authorized to work in the U.S.? yes no						
Have you ever been convicted of a felony?If YES, please explain						
Convicted of another crime? Please e	xplain		-			

Do you have your own reliable transportation?
Please list make, model and color of car you will drive to work
What hours are you available to work?
Mornings: fromEvenings until:Late Night (9pm-3am) these hours can be Thurs Sunday
List any time restrictions here and explain why
Are you comfortable working with the public? Explain
List one of your strengths_
List one of your weaknesses
Are you usually on time, early, or slightly late?
It may be necessary you work at any of the Trolly Stops. Do you have a preference (Downtown, Fountain Dr. near UNCW, Carolina Bch.(summer only) Wrightsville Beach, Southport) EXPLAIN:
Are you comfortable counting out change to a customer?
Example: The bill is \$9.31 and you are handed a \$20.00 bill. What change do you give back? List the coins and bills you would give the customer.
Have you any skills, qualifications, or experience that would be considered useful? Please list:
EMPLOYMENT HISTORY (Start with your most recent employer) Company Name

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City and State		Phone No. ()	
Date Started	Starting Wage	Position	
Date Ended	Ending Wage	Reason for leaving	
	May we contact?		
Company Name	-	-	
City and State	Phone	Phone No. ()	
Date Started	Starting Wage	Position	
Date Ended	Ending Wage	Reason for leaving	
	May we contact?		
Responsibilities			
List the names and p	hone #'s of references (no re	elatives!)	
	information: Person to cont	-	
	If so, what year are you in	n and where do you attend?	
List the last grade yo	u completed in school		
Your major (if application	able)	•	

Degree acquired				
What are your future plans re	garding work?			
Would you have any interest in a future with the Trolly Stop working for a franchisee?				
If so, would you be willing to re-locate (to North or South Carolina)				
***I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statue. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the owner has any authority to alter the foregoing.				
Signature	Date			
Trolly Stop Use Only: Applicat	tion accepted by:			
Date	Interviewed at acceptance of applicationyesno			
Interviewed by				
Comments:				
If Hired: Social Security #				
Driver's License #				
License Plate				