



EMPLOYMENT APPLICATION FORM

REFERENCES

Name	Title	Company	Phone Number

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, E.Coli, and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job? Yes [] No []

If yes, explain: _____

Boba Nation is an Affirmative Action and Equal Opportunity Employer. Various Federal, State and Local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability, or veteran status. It is Boba Nation policy to comply fully with these laws, as applicable, and information requested on this application will not be used for any purpose prohibited by law.

CERTIFICATION AND ACKNOWLEDGEMENT

1. I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.
2. I authorized the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment, in addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out at, or in any way related to, such disclosure.
3. I acknowledge that Boba Nation reserves the right to amend or modify the policies in its Handbook and other Displayed policies at any time, without prior notice. These policies do not create any promises or contractual obligations between Boba Nation and its employees.
4. I acknowledge that, if employed by the Boba Nation my employment is at will. Both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.
5. I understand that as a part of the procedure for my employment application, an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplied the information.

Applicant's Signature: _____	Date: _____
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