Dairy Queen

Employment Application

An Equal Opportunity Employer

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, or other protected classifications.

Treat yourself to a Great Job Join a winning Team!!!

This application is for employment at an independently owned and operated franchise restaurant.

This is not for employment with the franchisor, American Dairy Queen Corp.

PERSONAL			PLEASE P	RINT CLEARLY	7			Date	
Name (Please Print)	Last		First	Mi	iddle		Social Security	Number	
Mailing Address (Number	& Street)		(City, State, & Zi	ip Code)			Phone Number		
Permanent Address (Numb	er & Street)		(City, State, & Zi	ip Code)			Alternate Phone	e Number	
Are you willing to travel f	or the job?								
	te Issued	Exp. Date							
Are you of the leagal age	of 18?	•			Yes	□ No			
If not, age									
Have you ever been convi-	cted of a felony	in the last	seven years?		Yes	□ No			
If you answered yes, pleas	e explain:								
Have you ever served in th	ne Us. Military	?	☐ Yes	□ No					
If yes please provide the fo			_	7	1	Rank at time	of separation:		
I served from:	to		Were	e you dishonor	ably discha	rged?	Yes	□ No	
				,				(R)	
EMPLOYMENT I	NFORMA'	TION							
Are you seeking:	☐ Temporar		☐ Full-time		Part-time				
What position are you app			Are you willing			Weekends	?	Holidays?	
☐ Sales ☐ Kitchen ☐		Other		□ No		☐ Yes	□ No	☐ Yes	□ No
	8		1 —						_
Shift & H	lours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	Day Shift				,			1	_
	Night Shift								
NOTE: All applicants			ıe basis	1			I		
Are you currently emplo		Yes	□ No	If hired, wh	en would v	you be able	to start?	<u></u>	
Have you ever worked					If yes, nan		to start.		
Who referred you to this			iends or relatives				ve a Food Handle	er Permit?	
DQ Employee	Other	company:	ichas of felative	s employed by	tilis	☐ Yes		of Fernite.	
Name:	_ oulei	company.					s no, you will be	required to get	one
Have you ever been discha	arged or acked	to recion for	r any position?			II allower i	s no, you will be	required to get	one.
•	s, please describ	-	any position:						
Please refer to the job d			on for which a	zou ere ennly	ing Aron	ou oblo to t	parform all tha	tooks as outlin	and on
the job descriptions with					Ing. Ale y ☐ No		scribe which ta		
							scribe willcii ta	sks, ii aliy, yo	u wiii
need an accomodation t	o periorin, an	u expiain v	what type of ac	comodation	you will ne	eeu:			

EDUCAT	ION (Pleas	e circle h	ngnest ievei	attainea)	1			1	
		nentary				Secondary			College
1 2 Name of Scl	3 4	5	6 7	8	9 10 Name of School	11 12	G.E.D.	Name of S	3 4 5 6 7 8
Location of					Location of Sch			Location of	
		ol, are vo	ou enrolled	d in a recog	gnized Co-op progr		□ No	Degree an	
If yes, identif								Minor:	3
EMPLOY	MENT I	HISTO)RV						
Company	IVIII/I I	1101)KI		Address	City	State	Zip	Telephone Number
T. J								r	()
Date Hired:			Separated:		Your Job Title		Supervisor's N	ame and Titl	le
Mo.	Yr.	Mo.	Y1	r.					
Salary: Describe Nati	Beginning:	\$			Ending: \$				
Specific reaso							If currently em	ploved, may	we contact your
Specific reason	on for leaving	ь.					employer?	Yes	□ No
Company					Address	City	State	Zip	Telephone Number
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Date Hired:			Separated:		Your Job Title		Supervisor's N	ame and Titl	le
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Dairy Queen BBVA Compass PaySource Card Acknowledgement Form

The Company gives Team Members two options to receive funds for their pay, direct deposit into a Team Member's bank account or funding through a BBVA Compass PaySource Visa Card, or "Payroll Card". Team Members that prefer direct deposit must complete and sign the Employee Direct Deposit Form. If an employee does not choose the direct deposit option, or a direct deposit form is not submitted in a timely fashion, The Company will provide an Temporary "Payroll Card" to which it will electronically credit the Team Member's net pay. After 2 consecutive deposits on the Temporary "Payroll Card", you will receive the permanent to your mailing address.

First Name _____ MI ___ Last Name ____

Social Security Number _ _ / _ / _ _ Date of Birth (mm/dd/yyyy) _ _ / _ _ / _ _ _

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BBVA Compass

Compass PaySource® Card

The Easy Way to Deliver Your Pay

Help your business reduce costs and increase employee satisfaction at the same time! The Compass PaySource Card allows you to deliver your employees' pay, bonuses, reimbursements, and other types of compensation easily. Instead of writing checks, you electronically deposit their pay to the Compass PaySource Card. Your employees don't even need a bank account.

Service Advantages

For your Employees

- Provides the ability to use the Compass PaySource Card for purchases anywhere Visa® Check Cards are accepted
- Allows employees to get cash at any banking center that processes Visa cash advances and at any ATM displaying the Visa/PLUS® sign worldwide
- Supports surcharge-free ATM transactions at over 43,000 All-point Network ATMs nationwide
- Eliminates the anxiety of checks lost in the mail
- Saves the time and inconvenience of leaving work to cash or deposit checks
- Allows employees access to their payroll funds at the beginning of the day on pay day
- · Saves the employee money by eliminating check cashing fees
- Provides a safe alternative to carrying cash
- Provides optional text message alerts including daily available balance, low balance and value load alerts
- · Allows employees to access balance and transaction information online or by calling a toll-free number

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ATTENTION PAYROLL MANAGER:

Employers must keep ordinal employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.



Dairy Queen Team Member Job Description Acknowledgement

Dairy Queen requires that each applicant be informed of what is expected of Team Members in each position with the Company. In return, the Company expects that applicants will truthfully state whether or not they can perform the requirement for each job.

Please read the Job Descriptions carefully to determine whether you can perform the jobs.

If so, please sign and date this notice and return it to the Director application to be kept on file at the Dairy Queen office.	with your employment
By accepting your statement that you can perform, the job for whethe Company does not waive the right, in the event that you are e you at any time, for any reason, with or without notice, with or w	mployed, to discharge
I , have been provi	ided a copy of the Job
Description for my review. I hereby certify that I have read and a Descriptions and that I can perform all aspects of the job as requi	
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Description for my review. I hereby certify that I have read and a Descriptions and that I cannot perform each and every function or To the extent that you cannot perform each function, you must started requirements cannot be met and why:	anderstand the Job f the Job Description.
I understand that the Company has a right to expect Team Memberspects of a position and if you are unable to perform these functionaries, or you may be released from employment. By accepting you functions cannot be performed, the Company does not waive any indicate that you will be offered a position but will be excused from requirements.	ion, you may not be our statement of which job requirements or
Applicant Signature	Date
Directors Signature	- Dot-
Directors Signature	Date



Dairy Queen Uniform Acknowledgement Form

I understand that the uniforms and other items described below are for my use while employed with the company. During my employment, I will maintain all uniform items in a clean and usable condition as described in our company handbook and uniform policy. I understand that the company will provide, at no cost, the following uniform items:

1 - Approved Dairy Queen Shirt, Cap or Visor, Apron and Name Tag all of which I must wear while at work.

All uniform items listed above that are provided by the company must be returned in the event of resignation or termination. I understand that any additional uniform purchases beyond what is provided by the company is completely voluntary and not a condition of employment or continued employment. I permit the company to deduct any money owed for additional uniform purchases from my paycheck in two equal amounts over two pay periods. I further authorize the company to deduct the total of any money owed for additional uniforms or shoes from my final paycheck in the event of termination or resignation. Items that I may have purchased at my own discretion are mine to keep.

I understand that non-slip shoes are a condition of initial and continued employment with the company. I understand that I am allowed to purchase any brand of non-slip shoes so long as it is a certified non-slip shoe. The company, however, puts a high priority on my safety and that of its team members and strongly recommends Shoes for Crews as the preferred non-slip shoe choice. As a new team member, I have the option of purchasing Shoes for Crews through the company account and have the money owed for the purchase deducted from my paycheck in two equal amounts over two pay periods. The company will contribute \$15 (fifteen dollars) or the equivalent of more than ½ the price of the basic shoe offered through Shoes for Crews. I understand that this is an option provided to me as a new team member as a convenience, and incentive for using the Shoes for Crews brand. I further understand that I am free to select a different style of Shoes for Crews at my discretion, but the company does not require this and me doing so is being done voluntarily. I completely understand that Team members will not be allowed to work if we do not have Shoes for Crews or a certified type of non-slip shoe.

Please complete the information below

Quantity	Item	Size	Style	Replacement Price
	DQ Uniform Top			
-	DQ Cap		: -	
	DQ Name Tag		8	
	Apron		Q	<u> </u>
	Shoes (SFC)	5 3	<u> </u>	
-	elcome you to Team DQ.	derstand the uniforr	n and non-slip sho	e policy.
Feam Member Sig	gnature			Date
paid third party ve	endor (Shoes for Crews). My	signature below fu	ırther authorizes m	t footwear from my employer' ny employer to deduct (in two ny has agreed to pay on my
Feam Member Sig	gnature			Date
Director / Mgt. Sig	gnature			Date

Dairy Queen Team Member Children's Miracle Network Pledge Form

Restaurant Number:	Date:_	/	/
Team Member Name:			
Address:			
City:	State:	Zip:_	
For the benefit of the Drisco Miracle Network as follows	oll Children's Hospital, I Sub ::	oscribe to the	e Children's
Payroll Deduction –Indicate	e amount to be deducted each	h payroll.	
	\$	•	
Indicate date to begin dedu	ction or leave blank for next	payroll.	
	Date:	/	
•	nade as indicated above until ice. For more information co at (956)787-8770.		-
Team Member Signature			Date

Each year Dairy Queen helps to raise monies for the hospitals that help needy children. Our local children's hospital is in Corpus Christi, Texas the Driscoll Children's Hospital. Your contribution will be greatly appreciated and will go directly to the hospital.

Dairy Queen Team Member Personal Commitment Acknowledgement

A Personal Commitment to My Employer and Myself:

Integrity: The Ability to make a promise and keep it!

By uph

·	eeing to the following commitments, I am giving my personal pr these Standards.	omise to
\checkmark	I promise to treat every Fan and Team Member as I wish to utmost respect and courtesy.	be treated, with the
$\overline{\checkmark}$	I promise to promote goodwill to all customers and co-work customers concerns personally with the attitude that "the curight."	
\checkmark	I promise to practice productive job behavior, arrive at wor all rules, even when unsupervised.	k on time, and follow
\checkmark	I promise to do what needs to be done to the best of my abili	ty.
$\overline{\checkmark}$	I promise to uphold the standards and ethics the company h Team Members in regard to respect for property and the us substances.	
\checkmark	I promise to follow and actively promote all safety rules and	regulations.
$\overline{\checkmark}$	I promise to uphold the company image in regard to my per habits, dress and language.	sonal grooming
$\overline{\checkmark}$	I promise to follow all polices and procedures as outlined to Member handbook.	me in the Team
$\overline{\checkmark}$	I promise to read, sign, post, and uphold the DQ Oath.	
My Sig	ignature is as good as my word!	
Ar	Applicant Signature	Date



Dairy Queens

REFERENCE VERIFICATION ACKNOWLEDGEMENT - 9

Applicant's First Name		Middle	Last	•	
SS#					
			e employment references nece		
decision and hold persons giving impeding the release of this info					
beyond that provided on the em		•	•	e of this inform	lation
beyond that provided on the em	pioyment application an	a reference verifi	carion form.		
Signati	 	-	Date		_
_					
EMPLOYER INFORMATION					
Company Name	Address		Phone Number	From Mo. & Yr.	To Mo. & Yr.
Job Title	Reason for leaving		Supervisor's Name and	l Title	
Describe duties briefly:			Starting Salary:	Ending Salary:	
JOB INFORMATION					
Did you work any overtime? Y	es \square No If yes,	how often?			
Were ever counseled about attendan			If yes, how often?		
Were you evaluated by your Sup		J,	was it?		
Were there any comments made	by your Supervisor at t	nat time?			
REFERENCE INFORMATION	N				
When we speak to your former Su		n or her to rate you	ır performance with regard to t	the following cate	egories.
Please rate yourself in the follow					
TEAMWORK: The degree to which	h you are willing to work h	narmoniously with other	hers; the extent to which you confo	orm to the policies	of
management. Unsatisfactory	Below Average	Avorago	Above Average	Outstandin	or.
DEPENDABILITY: The extent to		Average		Outstandin	-
are reliable and trustworthy; the exte	-	-		-	
hours if needed.	nt to which you are dole to	work selledured day	s and times, as wen as your wining	,ness to work addr	tionui
Unsatisfactory	Below Average	Average	Above Average	Outstandin	g
INITIATIVE: The degree to which		•			-
done and did it without being told: the		-			
Unsatisfactory	Below Average	Average	Above Average	Outstandin	g
QUALITY: The degree to which the		•	C		-
quality of the employee's work in ge					
Unsatisfactory	Below Average	Average	Above Average	Outstandin	g
CUSTOMER SERVICE: The degr				·	
Unsatisfactory	Below Average	Average	Above Average	Outstandin	g
OVERALL PERFORMANCE: Th	e degree to which you wer	e satisfied with the en	mployees's efforts and achievemen	ts, as well as his o	r her
eligibility for rehire.					
Unsatisfactory	Below Average	Average	Above Average	Outstandin	g
Did you resign from this position	? □Yes □ No Dis	charged? □Yes	□ No Laid-off? □	Yes □ No	
Were ever disciplined on the job?	' □Yes □ No Exr	olain:			



Dairy Queens

TELEPHONE REFERENCE VERIFICATION

APPLICANT INFORMATION	l			
Applicant's Name:			Date:	
Supervisor's Name:				
Company:		City/State:		Phone: ()
, , <u></u>		,		, ,
REFERENCE INFORMATIO	N			
TEAMWORK: The degree to whic	h you are willing to work h	armoniously with other	rs; the extent to which you confor	m to the policies of
management.				
Unsatisfactory	Below Average	Average	Above Average	Outstanding
DEPENDABILITY: The extent to	which you can be depended	d upon to be available f	or work and do it properly; the de	egree to which you
are reliable and trustworthy; the extension hours if needed.	ent to which you are able to	work scheduled days a	nd times, as well as your willingn	less to work additional
Unsatisfactory	Below Average	Average	Above Average	Outstanding
INITIATIVE: The degree to which		U	· ·	•
done and did it without being told: t		=		
Unsatisfactory	Below Average	Average	Above Average	Outstanding
QUALITY: The degree to which th	•	Ü	tes; the extent to which his or her	· ·
quality of the employee's work in ge			,	,
Unsatisfactory	Below Average	Average	Above Average	Outstanding
CUSTOMER SERVICE: The degr	•	•	•	S
Unsatisfactory	Below Average	Average	Above Average	Outstanding
OVERALL PERFORMANCE: The	- C	•	2	٥
eligibility for rehire.	,		· · · · · · · · · · · · · · · · · · ·	,
Unsatisfactory	Below Average	Average	Above Average	Outstanding
Chambing	Delow Trienage	11/01/05	1100 / 0 11 / 01 / 180	o unstanting
Why did this employee leave you	r company?			
Would you re-employ him or her	? □Yes □ No If r	no, why not?		
Is there anything else we should l	know about this person?			
What were the dates of his/her en	_		What wore his on	hon comings?
What were the dates of his/her en	iipioyiiieiit witii you? 14	om 10.	What were his of	ner earnings:
HOW WOULD YOU DESCRI	BE HIS OR HER:			
Supervision Requirements?				
Attendance?				
Strenghts & Limitations?				
Job Performance?				
Additional Comments:				

Dairy Queen Team Member Store Information Acknowledgement

Welcome to DQ

Your Direc	tor:		
Your Resta	urant:		
Phone Num	ıber:		
Your Area	Supervisor:		
You are sch	neduled to go to Orio	entation on	it will be
from	to	AM/PM it will be held	at
		·	
You then w	rill report back to me	e on	at
	AM/PM to sta	rt your Training as a	
	ng pay will be \$		
	dge that it is my resp rt my employment v	ponsibility to fill out all necessar with Lynn Lee Inc.	y paper work
	C	ny information missing I will pronscheduled for Orientation.	ovide it to the
"New Hire"	<u> </u>	d understand that if I do no comp dures that I will not be issued a p ed.	•
Applica	nt Signature		Date
Director	rs Signature		Date



Classification of Employment Change Form

All Team Members are hired under the classification of Regular Part-Time Employees, Non-exempt. You have been hired under this classification of employment. The completed document below serves to change your classification of employment as indicated. The Team Member Handbook as well as the Classification of Employment and Benefit Description Policy describe important information about your employment with the company. Please refer to them for a complete explanation of employment classifications as well as the specific benefits that are applicable to your newly indicated classification. Your signature below acknowledges your understanding of the above mentioned company policies and your willingness to comply with the said policies.

If you should have any questions please consult with your immediate supervisor and/or the President of the Company.

Your "Classification of Employm	nent" is changed to:	Regular Full-Time TM Temporary TM	Exempt or Non-exempt Exempt or Non-exempt
Effective date for reclassification	:		
Your Supervisor is:			
Your rate of pay is:	\$		
Team Member Signature		Date	
Team Member Printed Name			
Immediate Supervisor Signature		Date	
President's Signature		——————————————————————————————————————	