

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 PRINT CLEARLY

Date _____

Name (Please Print)	Last	First	Middle	Social Security Number
Mailing Address (Number & Street)			(City, State, & Zip Code)	Phone Number ()
Permanent Address (Number & Street)			(City, State, & Zip Code)	Alternate Phone Number ()
Are you willing to travel for the job?				
DL No.	State Issued	Exp. Date		
Are you of the legal age of 18?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, age _____				
Have you ever been convicted of a felony in the last seven years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, please explain: _____				
Have you ever served in the U.S. Military?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes please provide the following information: Branch of Service: _____ Rank at time of separation: _____				
I served from: _____ to _____		Were you dishonorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT INFORMATION

Are you seeking: <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time							
What position are you applying for?			Are you willing to work overtime?		Weekends?		Holidays?
<input type="checkbox"/> Sales	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Management	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shift & Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day Shift							
Night Shift							

NOTE: All applicants are hired on a part time basis

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, when would you be able to start? _____	
Have you ever worked for this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name used: _____	
Who referred you to this job?	List any friends or relatives employed by this company:		Do you have a Food Handler Permit?
<input type="checkbox"/> DQ Employee <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____			If answer is no, you will be required to get one.
Have you ever been discharged or asked to resign for any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____			
Please refer to the job descriptions for the position for which you are applying. Are you able to perform all the tasks as outlined on the job descriptions with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: _____			

EDUCATION (Please circle highest level attained)

Elementary								Secondary				College											
1	2	3	4	5	6	7	8	9	10	11	12	G.E.D.		1	2	3	4	5	6	7	8		
Name of School:								Name of School:				Name of School:											
Location of School:								Location of School:				Location of School:											
If currently in High School, are you enrolled in a recognized Co-op program?												<input type="checkbox"/> Yes		<input type="checkbox"/> No		Degree and Major:							
If yes, identify program and school:												Minor:											

EMPLOYMENT HISTORY

Company				Address				City		State		Zip		Telephone Number ()			
Date Hired:		Date Separated:		Your Job Title				Supervisor's Name and Title									
Mo. Yr.		Mo. Yr.															
Salary: Beginning: \$				Ending: \$													
Describe Nature of Duties:																	
Specific reason for leaving:										If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Company				Address				City		State		Zip		Telephone Number ()			
Date Hired:		Date Separated:		Your Job Title				Supervisor's Name and Title									
Mo. Yr.		Mo. Yr.															
Salary: Beginning: \$				Ending: \$													
Describe Nature of Duties:																	
Specific reason for leaving:										If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Company				Address				City		State		Zip		Telephone Number ()			
Date Hired:		Date Separated:		Your Job Title				Supervisor's Name and Title									
Mo. Yr.		Mo. Yr.															
Salary: Beginning: \$				Ending: \$													
Describe Nature of Duties:																	
Specific reason for leaving:										If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No							

ATTENTION: READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT

This application does not create any employment agreement (either express or implied), nor it is intended to create any enforceable obligations on the part of Lynn Lee Inc or its employees except as specified in this application.

Do you understand? Yes ___ No ___ **Initials: Dir ___ App ___**

I certify that all of the information I provided in this application is true and complete. I understand that misrepresentation or omission of facts in this application, in any supplement to it, or in any other corporate record will be sufficient grounds for not employing me, or will be cause for dismissal without notice at any time during my employment.

Do you understand? Yes ___ No ___ **Initials: Dir ___ App ___**

I understand that part of the processing of my application may involve routine inquiring pertaining to my background and qualifications and that information on the nature and scope of such inquiry, if one is made, is available to me upon request. I authorize the schools and prior employers listed in this employment application (except where specifically withheld in this application) to provide my record, reason for leaving, and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage whatsoever that may result from the inquiry and release of information.

Do you understand? Yes ___ No ___ **Initials: Dir ___ App ___**

I understand that Lynn Lee is a drug-free workplace and that if employed by Lynn Lee, I will abide by the provisions of the Lynn Lee's drug and alcohol abuse policy. Under the circumstances described in such policy, I agree to: the collection of specimens of my urine/breath or hair to detect the presence of drugs and/or alcohol, the submission of such specimens to a laboratory designated by Lynn Lee; the analysis of such specimens for drugs and/or alcohol; and the release of test results from the analysis to Employees authorized representatives.

Do you understand? Yes ___ No ___ **Initials: Dir ___ App ___**

I understand that nothing contained in this application or in the granting of an interview is intend to create an employment contact between the restaurant owner and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the restaurant owner unless expressly made in a written contract or employment signed by me and an authorized representative of the restaurant owner.

Do you understand? Yes ___ No ___ **Initials: Dir ___ App ___**

I understand that Lynn Lee Inc Dairy Queens does not offer Worker's Comp.

Initials: Dir ___ App ___

If employed, I agree to follow all of Employers policies and procedures.

Initials: Dir ___ App ___

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT WITH LYNN LEE INC DAIRY QUEEN.

Applicant's Signature:

Date:

Director's Signature:

Date:

*****If you do not have a bank account at all or do not have all of your bank account information available to complete the direct deposit form, then you must complete this form to be enrolled in the Payroll Card*****

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) ___/___/____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Email _____

Please read and sign before submitting: I understand and acknowledge that "*The Company*" will be electronically crediting my net pay into my BBVA Compass PaySource Visa Card for me to access and for the purpose of paycheck direct deposit and, if necessary, debit entries and/or adjustments for any credit entries made in error. I understand that all fees associated with BBVA Compass PaySource Visa Card originate from BBVA Compass and not, "*The Company*". Policies and procedures regarding the "Payroll Card" may change or be altered at any time by "*The Company*". This acknowledgement will remain in effect during the time I am employed by "*The Company*" and receiving pay, unless I initiate the direct deposit option.

Employee Signature _____ Date _____

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



Employee Direct Deposit Enrollment Form

Payroll Manager - Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: 9N7 Company Name: Dairy Queen Date: _____

Payroll Mgr. Name: Mary Leon Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account-not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account I authorize Company to debit my account for an amount not to exceed the original of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such *time and in such manner as* to afford Company and Bank *reasonable* opportunity to act on it.

Employee Name: _____ Social Security#: _____-____-_____

Employee Signature: _____ Date: _____

_____ I will be receiving a Payroll Card. _____ I would like to terminate my Direct Deposit.

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck.

1. Bank Name /City /State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings other I wish to deposit: \$ or Entire Net Amount

2. Bank Name /City /State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings other I wish to deposit: \$ or Entire Net Amount

3. Bank Name /City /State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings other I wish to deposit: \$ or Entire Net Amount

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 with your employment application to be kept on file at the Dairy Queen office.

By accepting your statement that you can perform, the job for which you have applied, the Company does not waive the right, in the event that you are employed, to discharge you at any time, for any reason, with or without notice, with or without cause.

I _____, have been provided a copy of the Job Description for my review. I hereby certify that I have read and understand the Job Descriptions and that I can perform all aspects of the job as required by Dairy Queen.

OR

I _____, have been provided a copy of the Job Description for my review. I hereby certify that I have read and understand the Job Descriptions and that I cannot perform each and every function of the Job Description. To the extent that you cannot perform each function, you must state below which requirements cannot be met and why:

I understand that the Company has a right to expect Team Members to perform all aspects of a position and if you are unable to perform these function, you may not be hired, or you may be released from employment. By accepting your statement of which functions cannot be performed, the Company does not waive any job requirements or indicate that you will be offered a position but will be excused from performance of those requirements.

Applicant Signature

Date

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	_____	_____	_____
_____	Apron	_____	_____	_____
_____	Shoes (SFC)	_____	_____	_____

Your understanding and acknowledgement of our company’s uniform policies is greatly appreciated and we are very excited to welcome you to Team DQ.

My signature below is confirmation that I understand the uniform and non-slip shoe policy.

Team Member Signature _____ Date _____

My signature below is confirmation that I voluntarily want to purchase slip-resistant footwear from my employer’s paid third party vendor (Shoes for Crews). My signature below further authorizes my employer to deduct (in two equal payments) the price of the shoes I have selected, less \$15.00 that the company has agreed to pay on my behalf.

Team Member Signature _____ Date _____

Director / Mgt. Signature _____ 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 Driscoll Children's Hospital, I Subscribe to the Children's Miracle Network as follows:

Payroll Deduction –Indicate amount to be deducted each payroll.

\$ _____.

Indicate date to begin deduction or leave blank for next payroll.

Date: _____/_____/_____

Payroll deduction will be made as indicated above until further notice is given by you to the Dairy Queen Office. For more information contact your Area Supervisor or the Dairy Queen Office 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 agreeing to the following commitments, I am giving my personal promise to uphold these Standards.

- I promise to treat every Fan and Team Member as I wish to be treated, with the utmost respect and courtesy.
- I promise to promote goodwill to all customers and co-workers and to handle customers concerns personally with the attitude that "the customer is always right."
- I promise to practice productive job behavior, arrive at work on time, and follow all rules, even when unsupervised.
- I promise to do what needs to be done to the best of my ability.
- I promise to uphold the standards and ethics the company has set for all its Team Members in regard to respect for property and the use of illegal substances.
- I promise to follow and actively promote all safety rules and regulations.
- I promise to uphold the company image in regard to my personal grooming habits, dress and language.
- I promise to follow all polices and procedures as outlined to me in the Team Member handbook.
- I promise to read, sign, post, and uphold the DQ Oath.

My Signature is as good as my word!

Applicant Signature

Date



Dairy Queens

REFERENCE VERIFICATION ACKNOWLEDGEMENT - 9

Applicant's First Name _____ Middle _____ Last _____
SS# _____

I give _____, permission to obtain the employment references necessary to make a hiring decision and hold persons giving references free from any and all liability resulting from this process. I waive any provision impeding the release of this information and agree to provide any information necessary for the release of this information beyond that provided on the employment application and reference verification form.

Signature

Date

EMPLOYER INFORMATION				
Company Name	Address	Phone Number ()	From Mo. & Yr.	To Mo. & Yr.
Job Title	Reason for leaving	Supervisor's Name and Title		
Describe duties briefly:		Starting Salary:	Ending Salary:	

JOB INFORMATION	
Did you work any overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?
Were ever counseled about attendance or tardiness?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?
Were you evaluated by your Supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was it?
Were there any comments made by your Supervisor at that time?	

REFERENCE INFORMATION	
<i>When we speak to your former Supervisor, we will ask him or her to rate your performance with regard to the following categories. Please rate yourself in the following categories as feel he/she will rate you:</i>	
TEAMWORK: The degree to which you are willing to work harmoniously with others; the extent to which you conform to the policies of management.	Unsatisfactory Below Average Average Above Average Outstanding
DEPENDABILITY: The extent to which you can be depended upon to be available for work and do it properly; the degree to which you are reliable and trustworthy; the extent to which you are able to work scheduled days and times, as well as your willingness to work additional hours if needed.	Unsatisfactory Below Average Average Above Average Outstanding
INITIATIVE: The degree to which the employee acted independently in new situations: the extent to which he or she saw what needed to be done and did it without being told: the degree to which the employee did his or her best to be a top employee.	Unsatisfactory Below Average Average Above Average Outstanding
QUALITY: The degree to which the employee's work was free from errors and mistakes; the extent to which his or her work was accurate; the quality of the employee's work in general.	Unsatisfactory Below Average Average Above Average Outstanding
CUSTOMER SERVICE: The degree to which employee related to the customer's needs and/or concerns.	Unsatisfactory Below Average Average Above Average Outstanding
OVERALL PERFORMANCE: The degree to which you were satisfied with the employees's efforts and achievements, as well as his or her eligibility for rehire.	Unsatisfactory Below Average Average Above Average Outstanding

Did you resign from this position? Yes No Discharged? Yes No Laid-off? Yes No

Were ever disciplined on the job? Yes No Explain: _____



Dairy Queens

TELEPHONE REFERENCE VERIFICATION

APPLICANT INFORMATION

Applicant's Name: _____ Date: _____
Supervisor's Name: _____ Title: _____
Company: _____ City/State: _____ Phone: () _____

REFERENCE INFORMATION

TEAMWORK: The degree to which you are willing to work harmoniously with others; the extent to which you conform to the policies of management.
Un satisfactory Below Average Average Above Average Outstanding
DEPENDABILITY: The extent to which you can be depended upon to be available for work and do it properly; the degree to which you are reliable and trustworthy; the extent to which you are able to work scheduled days and times, as well as your willingness to work additional hours if needed.
Un satisfactory Below Average Average Above Average Outstanding
INITIATIVE: The degree to which the employee acted independently in new situations: the extent to which he or she saw what needed to be done and did it without being told: the degree to which the employee did his or her best to be a top employee.
Un satisfactory Below Average Average Above Average Outstanding
QUALITY: The degree to which the employee's work was free from errors and mistakes; the extent to which his or her work was accurate; the quality of the employee's work in general.
Un satisfactory Below Average Average Above Average Outstanding
CUSTOMER SERVICE: The degree to which employee related to the customer's needs and/or concerns.
Un satisfactory Below Average Average Above Average Outstanding
OVERALL PERFORMANCE: The degree to which you were satisfied with the employees's efforts and achievements, as well as his or her eligibility for rehire.
Un satisfactory Below Average Average Above Average Outstanding

Why did this employee leave your company? _____

Would you re-employ him or her? Yes No If no, why not? _____

Is there anything else we should know about this person? _____

What were the dates of his/her employment with you? From: _____ To: _____ What were his or her earnings? _____

HOW WOULD YOU DESCRIBE HIS OR HER:

Supervision Requirements? _____

Attendance? _____

Strenghts & Limitations? _____

Job Performance? _____

Additional Comments: _____



Dairy Queen
Team Member Store Information
Acknowledgement

Welcome to DQ

Your Director: _____
Your Restaurant: _____
Phone Number: _____
Your Area Supervisor: _____

You are scheduled to go to Orientation on _____ it will be
from _____ to _____ AM/PM it will be held at
_____.

You then will report back to me on _____ at
_____ AM/PM to start your Training as a _____.

Your starting pay will be \$ _____ per hour.

I acknowledge that it is my responsibility to fill out all necessary paper work
before I start my employment with Lynn Lee Inc.

I acknowledge that if there is any information missing I will provide it to the
Restaurant Director before I am scheduled for Orientation.

Furthermore I acknowledge and understand that if I do not comply with the
“New Hire” policies and procedures that I will not be issued a paycheck
until this information is supplied.

Applicant Signature

Date

Directors 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 Employment" is changed to: _____ / _____
Regular Full-Time TM Exempt or Non-exempt
Temporary TM 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

Date