



34669 Golden Lantern, Dana Point, CA 92629

Thank you for your interest in employment at Lil Skipper Snack Shack  
Please fill out the ENTIRE application. Incomplete entries are subject to  
rejection. Submit your application to:

**Info@lilskipper.com**

**APPLICATION FOR EMPLOYMENT**

|                            |
|----------------------------|
| <b>For Office Use Only</b> |
| DATE: _____                |
| INTERVIEWED BY: _____      |

|   |                         |  |
|---|-------------------------|--|
| Restaurant Location:                              | Position Applied For:   | Salary Desired:  |
| Name: _____ (Last) _____ (First) _____ (Middle)   | Social Security Number: |  |
| Address: _____ (Street) _____ (State) _____ (Zip) | Home Phone Number:      |  |
| Years At This Address:                            | Date:                   | Applications are effective for 60 days. If you have received a request for an interview, the time limitations will be extended for the period during which your application is considered. |

**START WITH PRESENT OR MOST RECENT EMPLOYER (Please be specific)**

|                        |  |                                |                    |
|------------------------|--|--------------------------------|--------------------|
| <b>WORK EXPERIENCE</b> | Company _____ Address: _____ Telephone Number: _____                         |                                |                    |
|                        | Dates Employed<br>From: Month _____ Year _____<br>To: Month _____ Year _____ | Position Held/Responsibilities |                    |
|                        | Salary:<br>Start: _____ End: _____   | Reason for Leaving             | Name of Supervisor |
|                        | May we contact your current employer? ____ Yes ____ No                       |                                |                    |
|                        | Company _____ Address: _____ Telephone Number: _____                         |                                |                    |
|                        | Dates Employed<br>From: Month _____ Year _____<br>To: Month _____ Year _____ | Position Held/Responsibilities |                    |
|                        | Salary:<br>Start: _____ End: _____   | Reason for Leaving             | Name of Supervisor |
|                        | May we contact your current employer? ____ Yes ____ No                       |                                |                    |
|                        | Company _____ Address: _____ Telephone Number: _____                         |                                |                    |
|                        | Dates Employed<br>From: Month _____ Year _____<br>To: Month _____ Year _____ | Position Held/Responsibilities |                    |
|                        | Salary:<br>Start: _____ End: _____   | Reason for Leaving             | Name of Supervisor |
|                        | May we contact your current employer? ____ Yes ____ No                       |                                |                    |

|  |          |                                |
|--|----------|--------------------------------|
| Company  | Address: | Telephone Number:              |
| Dates Employed<br>From: Month _____ Year _____<br>To: Month _____ Year _____ |          | Position Held/Responsibilities |
| Salary:<br>Start: _____ End: _____   |          | Reason for Leaving             |
|  |          | Name of Supervisor             |
| May we contact your current employer? ____ Yes ____ No                       |          |                                |

\* PLEASE ATTACH RESUME (IF AVAILABLE) OR USE ADDITIONAL PAPER (IF NECESSARY) \*

BRICK, LLC. DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER CRITERION MADE UNLAWFUL UNDER APPLICABLE STATE OR FEDERAL LAW. YOU ARE NOT REQUIRED TO GIVE INFORMATION RESPONSIVE TO ANY INQUIRIES PROHIBITED BY LAW.

|                   |      |                  |              |
|-------------------|------|------------------|--------------|
| <b>REFERENCES</b> | Name | Telephone Number | Relationship |
|                   | Name | Telephone Number | Relationship |
|                   | Name | Telephone Number | Relationship |

|                  |                         |           |  |   |
|------------------|-------------------------|-----------|--|---|
| <b>EDUCATION</b> | HIGH SCHOOL             | Name:     |  |   |
|                  |                         | Location: |  | Graduated? ____ YES ____ NO<br>Or Highest Level _____ |
|                  | UNIVERSITY              | Name:     |  |   |
|                  |                         | Location: |  | Graduated? ____ YES ____ NO<br>Or Highest Level _____ |
|                  | OTHER, TRADE, TECHNICAL | Name:     |  |   |
|                  |                         | Location: |  | Graduated? ____ YES ____ NO<br>Or Highest Level _____ |

|                           |   |  |
|---------------------------|---|--|
| <b>PERSONAL</b>           | Are You under 18? ____ Yes ____ No  | If Yes, can you furnish proof of your age? ____ Yes ____ No          |
|                           | Do you want to work: ____ Full-Time ____ Part-Time  | Do you have reliable transportation to get to work? ____ Yes ____ No |
|                           | Have you ever been known by any other last name? ____ Yes ____ No   | Name: _____  |
|                           | Have you ever been convicted of a felony, any crime involving dishonesty, or any crime involving violence to another person? ____ Yes ____ No   |  |
|                           | If yes, give dates, charges, penalty assessed or disposition (Use additional paper if necessary):* _____  |  |
|                           | * CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT; CONSIDERATION WILL BE GIVEN TO THE NATURE OF THE CRIME, ITS SERIOUSNESS, DATE OF CONVICTION, AGE AT TIME OF OFFENSE, REHABILITATION AND THE POSITION FOR WHICH YOU ARE APPLYING. APPLICANTS IN THE STATES OF CA, WA, AND MA SHOULD REFER TO THE LAST PAGE OF THIS APPLICATION REGARDING THE LIMITS OF THIS QUESTION UNDER THE LAWS OF THESE STATES. |  |
|                           | Do you object to irregular hours? ____ Yes ____ No  | Do you object to night work? ____ Yes ____ No                        |
|                           | Do you object to swing or fluctuating work shift? ____ Yes ____ No  | Are you willing to work overtime? ____ Yes ____ No                   |
|                           | How soon after accepting an offer would you be able to start? _____   |  |
|                           | What particular hours are you able to work  | Full availability _____  |
| Sun ____ a.m. ____ p.m.   | Mon ____ a.m. ____ p.m.   |  |
| Tues ____ a.m. ____ p.m.  | Wed ____ a.m. ____ p.m.   |  |
| Thurs ____ a.m. ____ p.m. | Fri ____ a.m. ____ p.m.   |  |
| Sat ____ a.m. ____ p.m.   |   |  |

**\* YOU MUST READ AND SIGN THE FOLLOWING CONDITIONS AND CERTIFICATIONS: \***

In consideration of my employment, I agree to conform to the rules and regulations of Lil Skipper and understand that my employment by Lil Skipper may be terminated at any time by me or Lil Skipper, with or without notice, for any reason. I understand that no General Manager, Assistant General Manager or any other employee or representative of Lil Skipper other than the General Partner of Lil Skipper has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to any of the foregoing.

CONFIDENTIALITY STATEMENT: Employees and former employees are prohibited from releasing to any other party any information whatsoever about Lil Skipper, which is of a confidential nature or which could be deemed to constitute a "trade secret." Employees or former employees are further prohibited from using, in any manner whatsoever, information which is confidential, proprietary, or privileged, whether for their personal benefit or gain, or for that of any other person. Any information, which has not been disclosed publicly in writing, should be treated as confidential and proprietary.

I declare my answers to the questions on this application are true, and give Lil Skipper and its affiliates and their representatives the right to investigate all information given and to secure additional information, if necessary. I understand that an investigate report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors other with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, personal characteristics, whichever may be applicable. This information may include, but is not limited to verification of previous of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. In accordance with law, I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I hereby acknowledge that Lil Skipper and Thiel Zdrakas General Partnership may provide all such information to its affiliates and to other third parties. I hereby authorize and consent to such sharing of information with Lil Skipper affiliates and other third parties. I hereby release from liability and/or responsibility Lil Skipper, Lil Skipper Affiliates and any other parties who may be the recipients of such information.

I further understand that any misleading or incorrect statements or the incomplete filling out the application may render this application void and, if employed, may be cause for immediate dismissal.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_