



EMPLOYMENT APPLICATION

DATE OF APPLICATION		
MONTH	DAY	YEAR

NEXT LEVEL GRILL

- It is the company's policy to provide equal opportunity in conformance with all applicable laws.
- In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is upon satisfactory proof of applicant's identity and legal ability to work in the United States.

PERSONAL INFORMATION

NAME: LAST	FIRST	MIDDLE	HOME PHONE	CELL PHONE
ADDRESS		CITY	STATE	ZIP CODE
DAYTIME/MESSAGE				
E-MAIL ADDRESS:				
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK? YES ____ NO ____ NOT APPLICABLE ____				

EMPLOYMENT DESIRED

WHAT TYPE OF WORK ARE YOU INTERESTED IN?	WAGE DESIRED
ARE YOU CURRENTLY EMPLOYED? YES ____ NO ____	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ____ NO ____

AVAILABILITY

ARE THERE ANY HOURS, SHIFTS, OR DAYS YOU CANNOT OR WILL NOT WORK? YES ____ NO ____	WILL YOU WORK OVERTIME IF ASKED? YES ____ NO ____
IF YES, WHEN?	

Please indicate the times you are available for work each day.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Total hours available per week: _____							
NOTE: Work schedules may vary from week to week and occasionally employees are asked to stay late, leave early, or come in on scheduled day(s) off.							

EDUCATIONAL HISTORY

SCHOOL	NAME / CITY AND STATE	LEVEL OR YEARS COMPLETED	MAJOR	TYPE OF DEGREE OR CERTIFICATE
HIGH SCHOOL		1 2 3 4		
COLLEGES / OTHER SCHOOLS		1 2 3 4		
COLLEGES / OTHER SCHOOLS		1 2 3 4		

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY: BEGIN WITH PRESENT OR MOST CURRENT EMPLOYER AND LIST ALL JOBS YOU HAVE HELD FOR THE PAST TEN YEARS. INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE. YOU MAY ATTACH A RESUME, HOWEVER, THE APPLICATION MUST BE COMPLETED IN FULL.

FROM: MO YR	TO: MO YR	EMPLOYER'S NAME		
COMPLETE ADDRESS (STREET NO, CITY, STATE, AND ZIP CODE)				
STARTING PAY \$ PER	ENDING PAY \$ PER	JOB TITLE	IMMEDIATE SUPERVISOR	CONTACT NUMBER OF SUPERVISOR

FROM: MO YR	TO: MO YR	EMPLOYER'S NAME		
COMPLETE ADDRESS (STREET NO, CITY, STATE, AND ZIP CODE)				
STARTING PAY \$ PER	ENDING PAY \$ PER	JOB TITLE	IMMEDIATE SUPERVISOR	CONTACT NUMBER OF SUPERVISOR

FROM: MO YR	TO: MO YR	EMPLOYER'S NAME		
COMPLETE ADDRESS (STREET NO, CITY, STATE, AND ZIP CODE)				
STARTING PAY \$ PER	ENDING PAY \$ PER	JOB TITLE	IMMEDIATE SUPERVISOR	CONTACT NUMBER OF SUPERVISOR

RELATIVES EMPLOYED BY WHEALTHY FRANCHISE INC.

DO YOU HAVE ANY RELATIVES THAT ARE CURRENTLY EMPLOYED BY WHEALTHY FRANCHISE INC.? YES ____ NO ____

IF, YES PLEASE ANSWER THE FOLLOWING:

NAME _____	LOCATION _____	RELATION _____
NAME _____	LOCATION _____	RELATION _____

DRUG AND ALCOHOL POLICY

THE COMPANY HAS A VITAL INTEREST IN MAINTAINING A DRUG AND ALCOHOL FREE ENVIRONMENT FOR ITS EMPLOYEES, CUSTOMERS AND VISITORS. THEREFORE, THE COMPANY PROHIBITS THE USE OF, POSSESSION OF, DISTRIBUTION OF, PURCHASE OR SALE OF, OFFERING TO PURCHASE OR SELL, TRANSFER OF, TRAFFICKING IN, AND WORKING OR REPORTING FOR WORK UNDER THE INFLUENCE OF INTOXICANTS, DRUGS, OR CONTROLLED OR ILLEGAL SUBSTANCES. APPLICANTS FOR EMPLOYMENT MAY UNDERGO A POST-OFFER, PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING AS A CONDITION OF EMPLOYMENT. RESULTS OF SUCH TESTS WILL BE KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS.

PLEASE READ AND SIGN BELOW

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY THE COMPANY UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED ABOVE TO PROVIDE THE COMPANY WITH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO THE COMPANY AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY THE COMPANY OR ANY OF ITS AGENTS, EMPLOYEES, OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER, OR IF I AM HIRED, IN MY DISMISSAL FROM EMPLOYMENT.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS "AT-WILL" MEANING THAT THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT NOTICE, WITH OR WITHOUT CAUSE, INCLUDING, BUT NOT LIMITED TO, TERMINATION, DEMOTION, PROMOTION, COMPENSATION, BENEFITS, DUTIES AND LOCATION OF WORK. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S STATEMENT AND AGREEMENT

Please review thoroughly and sign agreement below if you are applying for a position with this company.

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right. []

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to this Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide this Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. The Company and I agree that any claim, dispute, and/or controversy that either I may have against the Company (or their owners, directors, officers, managers, employees, agents, and parties affiliated with their employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act. Included within the scope of this Agreement are all disputes, whether based on tort, contract,

statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Arizona Civil Rights Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Maryland Workers' Compensation Act, Employment Security Administration claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the Arizona Civil Rights Division, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). Further, this Agreement shall not prevent either me or the Company from obtaining provisional remedies to the extent permitted by Arizona law either before the commencement of or during the arbitration process. In addition to any other requirements imposed by law, the arbitrator selected shall be a retired Arizona Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim, the Company may have against me.**

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between the Company and the Employee regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by myself and the President of the Company. No supervisor or representative of the Company other than their President has any authority to enter into any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

SIGNATURE OF APPLICANT

DATE

