



**FROGGY'S CARWASH, INC.
 BLUE FROG COFFEE, INC.
 7489 WOOSTER PIKE
 CINCINNATI, OH 45227**



AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of FROGGY'S CARWASH, INC. and BLUE FROG COFFEE, INC. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: *Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.*

PERSONAL DATA

 FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

 PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ____ YES ____ NO

 YOUR VISA TYPE IF AVAILABLE

 VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE? ____ YES ____ NO

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW?

____ YES ____ NO IF YES, GIVE FULL PARTICULARS:

POSITION INFORMATION

POSITION APPLIED FOR:

REFERRAL SOURCE — AD (specify): _____ PLACEMENT FIRM (name): _____

SCHOOL PLACEMENT OFFICE (school name): _____ OTHER _____

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? ____ Yes ____ No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

EDUCATION

HIGH SCHOOL GRADUATE ____ YES ____ NO YEAR GRADUATED _____

COLLEGE OR UNIVERSITY GRADUATE ____ YES ____ NO YEAR GRADUATED _____

OTHER (Technical, Vocation, Graduate, etc. complete address) ____ YES ____ NO

DESCRIBE:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE? _____

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED SCHOOL.

COMPANY ADDRESS TELEPHONE EMPLOYED -FROM/TO

TITLE OF YOUR POSITION DEPARTMENT SALARY

NAME & TITLE OF SUPERVISOR REASON FOR LEAVING

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COMPANY ADDRESS TELEPHONE EMPLOYED -FROM/TO

TITLE OF YOUR POSITION DEPARTMENT SALARY

NAME & TITLE OF SUPERVISOR REASON FOR LEAVING

=====

OTHER
EMPLOYMENT _____

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN,
DISCHARGED. OR TERMINATED? _____ YES _____ NO IF YES, PLEASE EXPLAIN

SKILLS

*LIST ANY SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY, SUCH AS EQUIPMENT
MAINTENANCE OR SALES REPRESENTATIVE, ETC.*

MILITARY SERVICE

BRANCH OF SERVICE (IF NONE, STATE NONE): _____ RANK _____

MILITARY OCCUPATION: _____ DATE OF ACTIVE DUTY: _____ TO _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

I do not qualify

I do qualify under the following: Handicapped Vietnam Era Veteran Disabled Veteran

Signature _____

Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in FROGGY'S CARWASH, INC. or BLUE FROG COFFE, INC. is appreciated.