



Employment Application Form

Desired Location: _____

TELL US ABOUT YOURSELF!

Full Name: _____
LAST FIRST MIDDLE

Address: _____
STREET ADDRESS APT / UNIT /

CITY STATE ZIP CODE

Phone #: () HOME MOBILE E-Mail: _____

Are you at least 18 years of age?

YES NO

YES NO

If No, you may be required to provide a work permit upon hire.

Are you a citizen of the USA?

YES NO

YES NO

If No, are you authorized to work in the U.S.?

YES NO

YES NO

Have you ever worked for this company?

YES NO

YES NO

If Yes, when and where?

EDUCATION

College or Trade School: _____ Years Completed: _____ Degree/Certificate: _____

Other: _____ Years Completed: _____ Degree/Certificate: _____

WHAT IS YOUR AVAILABILITY?

Position Desired: _____ Date Available: _____ Desired Salary: _____

Job Type: Full Time Part Time Seasonal (Circle One): Summer / Winter Other: _____

Availability:
(Hourly) From:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

To:

List any time conflicts: _____

YOGURTLAND is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of sex, gender, race or color, national origin, ancestry, sexual orientation, pregnancy, citizenship status, age, religion, disability or medical condition, marital status or military status. It is YOGURTLAND's policy to fully comply with these laws, as applicable. The information requested in this application will not be used for any purpose(s) prohibited by the law.



real ingredients



real Flavors



real Passion



real People

WHERE ELSE HAVE YOU WORKED?

Company: _____ Phone: (_____) ^{WORK} Address: _____ OTHER
Supervisor: _____

From: _____ To: _____
Job Title: _____ Responsibilities: _____

Reason for Leaving: _____ May we contact this employer? YES NO

Company: _____ Phone: (_____) ^{WORK} Address: _____ OTHER
Supervisor: _____

From: _____ To: _____
Job Title: _____ Responsibilities: _____

Reason for Leaving: _____ May we contact this employer? YES NO

PLEASE LIST YOUR REFERENCES

Full Name: _____ Phone: (_____) ^{WORK} OTHER

Address: _____ Company: _____

Full Name: _____ Phone: (_____) ^{WORK} OTHER

Address: _____ Company: _____

HAVE YOU SERVED IN THE MILITARY?

Branch of Service: _____ From: _____ To: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, E. coli, and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job?
YES / NO

If YES, please explain: _____

WHAT ARE YOUR THOUGHTS?

1. What would you like to contribute to the Yogurtland culture?

2. Do you have any suggestions for possible yogurt flavors or toppings?

1. I certify that I have read and fully completed all the pages of this application and that the information contained in this application is correct to the best of my knowledge. I understand that any omission or erroneous information is grounds for dismissal in accordance with YOGURLAND's policy.
2. I authorize the reference(s) listed in this application to provide any and all information concerning my previous employment as well as pertinent information they may have, personal or otherwise. I release all parties from all liabilities for any damages that may result from furnishing the aforementioned information.
3. I acknowledge that YOGURLAND reserves the right to amend or modify the policies in its Associate Handbook as well as other YOGURLAND policies at any time, without prior notice. These policies do not create any promise(s) or contractual obligation(s) between YOGURLAND and its associate(s). At YOGURLAND, my employment is at-will. This means I am free to terminate my employment at any time or for any reason, with or without cause. YOGURLAND also retains these same rights.
4. I understand I may be required to take a drug and alcohol test to begin work or maintain my position at Yogurtland,

SIGNATURE _____ DATE _____