

Desired Location:

TELL US	ABOUT YO	DURSELF!						
Full Name:	LAST FIRST MIDDLE							
Address:			TINOT		WIIDDEL			
	STREETADDRESS							APT / UNI
Phone#:	CITY ()	HOME MOBILE	E-Mail	l:		STAT	Ē	ZIP CODE
Are you at least 18 years of age?				NO	If No, you may be required to provide a work permit upon hire.			
Can you furnish proof you are authorized to work in the U.S.A?				NO NO				
Have you ever worked for this company?			YES		If Yes, where?:			
EDUCATI	ON							
High School:				`	/ears Completed:	Degree/	Certificate:	
CollegeorTradeSchool:				•	/ears Completed:	Degree/	Certificate:	
Other:				•	Years Completed: Degree/Certificate:		Certificate:	
WHATIS	YOUR AV	AILABILITY?						
Position Desired:				Date Available:		Desired Salary:		\$ HR/YF
JobType:	☐ Ful	ITime ☐ PartTime	☐ Seaso	onal (Cir	cle One): Summer / W	inter 🗆 O	ther:	
Availab (Hou	. `	Monday Tueso	day W	ednes	day Thursday	Friday	Saturday	Sunday
	urly) From: To:							
List any time co	onflicts:		•					

YOGURTLAND is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of sex gender, race or color, national origin,

WHERE ELSE HAVE YOU WORKED?						
Company:	_ Phone: (<u>)</u>	^{WORK} Address:				
Supervisor:						
From:To:						
JobTitle:	Responsibilities:					
Reason for Leaving:	<u> </u>	VEC. NO.				
		May we contact this employer? □ □ □				
Company:	Phone: (<u>)</u>	^{WORK} Address:				
	_					
Supervisor:						
JobTitle:	Responsibilities:					
Reason for Leaving:	. 0					
		May we contact this employer? □ □ □				
PLEASE LIST YOUR REFERENCES						
Full Name:	Phone: (_) WORK OTHER				
Address:	Company:	- Cinet				
FullName:	Phone: (_) WORK OTHER				
Address:	Company:	b: 0				
WHAT ARE YOUR THOUGHTS?	PLEASE READ THE FOI	LLOWING STATEMENTS CAREFULLY AND SIGN				
1. What would you like to contribute to the Yogurtland culture?	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					
		rform the essential functions of this job?				
	If YES, please explain:	YES / NO				
	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 YOGURTLAND'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				
2. Why would you like to work for Yogurtland?	furnishing the aforementioned information	ersonal or otherwise. I release all parties from all liabilities for any damages that may result from tion.				
, ,	9	eserves the right to amend or modify the policies in its Associate Handbook as well as other nout prior notice. These policies do not create any promise(s) or contractual obligation(s) between				
	YOGURTLAND and its associate(s). At Yo	OGURTLAND, my employment is at-will. This means I am free to terminate my employment at any cause. YOGURTLAND also retains these same rights.				
	4. I understand I may be required to ta	ake a drug and alcohol test to begin work or maintain my position at Yogurtland,				
	CICNATUDE	DATE				
	SIGNATURE	DATE				