



real Ingredients



real Flavors



real Passion



real People



# 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 MOBIL E-Mail: \_\_\_\_\_

Are you at least 18 years of age?  YES  NO If No, you may be required to provide a work permit upon hire.

Are you a citizen of the USA?  YES  NO If No, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If Yes, when and where?

Have you ever been convicted of a felony?  YES  NO If Yes, please explain: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

College or Trade School: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

Other: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

## WHAT IS YOUR AVAILABILITY?

Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ \$ HR/YR

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

Availability: (Hourly)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:								
To:								

List any time conflicts: \_\_\_\_\_

YOGURLAND 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 YOGURLAND'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.

## WHERE ELSE HAVE YOU WORKED?

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) <sup>WORK</sup> Address: \_\_\_\_\_ OTHER  
Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ HR/YR Ending Salary: \$ \_\_\_\_\_ HR/YR  
Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) <sup>WORK</sup> Address: \_\_\_\_\_ OTHER  
Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ HR/YR Ending Salary: \$ \_\_\_\_\_ HR/YR  
Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

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

## PLEASE LIST YOUR REFERENCES

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) <sup>WORK</sup>  
Address: \_\_\_\_\_ Company: \_\_\_\_\_ <sup>OTHE</sup>

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) <sup>WORK</sup>  
Address: \_\_\_\_\_ Company: \_\_\_\_\_ <sup>OTHE</sup>

## HAVE YOU SERVED IN THE MILITARY?

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

## 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 \_\_\_\_\_