



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
MOBILE

E-Mail:

Are you at least 18 years of age?

YES NO

☐ ☐

YES NO

☐ ☐

YES NO

☐ ☐

YES NO

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

Are you a citizen of the USA?

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

YES NO

☐ ☐

Have you ever worked for this company?

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:

\$ HR/YR

Job Type:

☐ Full Time

☐ Part Time

☐ Seasonal (Circle One): Summer / Winter

☐ Other: _____

Availability:

(Hourly)

From:

To:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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.

WHERE ELSE HAVE YOU WORKED?

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

HAVE YOU SERVED IN THE MILITARY?

Branch of Service: _____ From: _____ To: _____

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?

PLEASE READ THE FOLLOWING STATEMENT 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: _____

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 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 YOGURTLAND reserves the right to amend or modify the policies in its Associate Handbook as well as other YOGURTLAND policies at any time, without prior notice. These policies do not create any promise(s) or contractual obligation(s) between YOGURTLAND and its associate(s). At YOGURTLAND, 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. YOGURTLAND 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 _____