

# APPLICATION FOR YOGURT SELF-SERVE BAR EMPLOYMENT STORE LOCATIONS

An Equal Opportunity Employer

**ALL FIELDS MUST BE COMPLETE.  
NO ACTION WILL BE TAKEN ON THIS  
APPLICATION UNTIL ALL QUESTIONS  
HAVE BEEN ANSWERED.**

Applicants are considered for all positions without regard to race, color, religion, sex, ancestry or national origin, age or veteran status. In addition, Yogurtini Self-Serve does not discriminate on the basis of physical or mental disability where essential functions of the

job, as reasonably accommodated, do not require such distinction. No question on this application is intended to secure information for unlawful purposes.

Applications submitted to a store that is independently owned and operated by a

Franchisee will be reviewed and considered by the Franchisee who is solely responsible for making employment decisions for the franchised store. Additional information may be collected from Franchisees during the application process.

**Today's Date**

**Position Applying For**

**City/State of Store Location Applying For**

**Name**

LAST NAME

FIRST NAME

MIDDLE INITIAL

**Phone Number**

**Current Address**

STREET

CITY

STATE

ZIP

**Are you 16 Years of age or older?**  Yes  No (IF HIRED YOU MAY BE REQUIRED TO SUBMIT PROOF OF AGE)

**If hired, can you furnish proof that you are eligible to work in the U.S.?**  Yes  No

**Have you ever worked here?**  Yes  No

**If yes, when?**

**Location:**

**Minimum Salary Expected:**

\$  PER HOUR

**Are you seeking full or part-time hours?**  Full-time  Part-time

**What hours are you available to work? Input hours you are able to work for each day available.**

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

**Are you currently employed?**  Yes  No **If yes, may we contact your present employer?**  Yes  No

**Education** (Name & Location)

High School/GED: .....

College/University: .....

Vocational/Technical: .....

Number of Year Completed

Diploma/Degree Certificate

Subjects Studied

**What skills or additional training do you have that are related to the job for which you are applying?**

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Employer	City	State
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Employer Phone	Dates of Employment	FROM	TO
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Job Title	Duties
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Supervisor	Reason for Leaving
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Starting Pay \$ PER HOUR	Ending Pay \$ PER HOUR
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Employer	City	State
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Employer Phone	Dates of Employment	FROM	TO
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Job Title	Duties
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Supervisor	Reason for Leaving
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Starting Pay \$ PER HOUR	Ending Pay \$ PER HOUR
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Explain reasons for any gap in employment			
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Name three (3) references, not relatives or former employers	City/State	Phone	Years known
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information, omission or misrepresentations may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

Signature
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Date
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Printed Name
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PLEASE PRINT AND SUBMIT COMPLETED APPLICATION TO STORE LOCATION OF YOUR CHOICE
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