



APPLICANT INFORMATION

APPLICATION DATE	LOCATION
NAME	POSITION DESIRED
SOCIAL SECURITY NUMBER	DATE AVAILABLE START
STREET ADDRESS	() FULL TIME () PART TIME () EITHER () TEMPORARY
CITY, STATE, ZIP CODE	SALARY / WAGE DESIRED
HOM PHONE	ARE YOU AT LEAST 18 YEARS OLD? YES / NO
OTHER PHONE (CELL PHONE, PAGER ETC)	ARE YOU AT LEAST 21 YEARS OLD? YES / NO
E MAIL ADDRESS	HAVE YOU APPLIED WITH YOGURT ISLAND BEFORE? YES / NO
ARE YOU ABLE TO MEET ATTENDANCE REQUIREMENTS OF THIS JOB? YES / NO	IF YES, WHEN?
	HAVE YOU BEEN EMPLOYED BY YOGURT ISLAND BEFORE? YES / NO
HOW MANY SHIFTS ARE YOU ABLE TO WORK?	IF YES, WHEN?

ARE THERE ANY DAYS OR SHIFTS YOU ARE UNABLE TO WORK? YES / NO

IF YES, PLEASE MARK AN "X" ON THOSE DAY ARE NOT ABLE TO WORK

	SUN	MON	TUE	WED	THU	FRI	SAT
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

COMPANY	TYPE OF BUSINESS	FROM	TO
ADDRESS		PHONE	
POSITION	DUTIES	SALARY / HOURLY WAGE	
SUPERVISOR	REASON FOR LEAVING		
COMPANY	TYPE OF BUSINESS	FROM	TO
ADDRESS		PHONE	
POSITION	DUTIES	SALARY / HOURLY WAGE	
SUPERVISOR	REASON FOR LEAVING		
COMPANY	TYPE OF BUSINESS	FROM	TO
ADDRESS		PHONE	
POSITION	DUTIES	SALARY / HOURLY WAGE	
SUPERVISOR	REASON FOR LEAVING		

MAY WE CONTACT YOUR PVIOUS EMPLOYER(S) FOR JOB REFERENCE? YES / NO

IF NO, PLEASE EXPLAIN

I HEREBY RELEASE YOGURT ISLAND, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS PARTNERSHIPS AND ASSOCIATES FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH REFERENCE DISCLOSURES.



EDUCATION

SCHOOL	NAME CITY AND STATE OF EACH SCHOOL	# OF YEARS	GRADUATED	MAJOR	DEGREE
HIGH SCHOOL					Y / N
COLLEGE					Y / N
ADDITIONAL					Y / N

PERMISSION TO WORK

IF OFFERED A POSITION, CAN YOU PROVIDE DOCUMENTATION AND VERIFY LEGAL RIGHT TO WORK IN THE U.S.A ? YES / NO

ABILITY TO WORK & EMERGENCY NOTIFICATION DESIGNATION

CAN YOU PERFORM THE FUNCTION OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION ? YES / NO

IF YES, WHY?

PERSONS TO CONTACT IN CASE OF AN EMERGENCY

NAME	PHONE	
STREET ADDRESS	CITY	STATE / ZIP CODE
NAME	PHONE	
STREET ADDRESS	CITY	STATE / ZIP CODE

MILITARY SERVICE

HAVE YOU EVER HAD MILITARY EXPERIENCE IN THE UNITED STATES ARMED FORCES? YES / NO

IF YES, WHICH BRANCH?

PLEASE LIST ANY RELEVANT SKILLS ACQUIRED

CAREER OBJECTIVES

WHY ARE YOU INTERESTED IN WORKING FOR YOGURT ISLAND, AND WHAT ARE YOUR CAREER OBJECTIVES?

HOW DID YOU HEAR ABOUT YOGURT ISLAND

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> EMPLOYEMENT AGENCY |
| <input type="checkbox"/> RELATIVE | <input type="checkbox"/> WALK- IN |
| <input type="checkbox"/> NEWS PAPER | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> RELATIVE | <input type="checkbox"/> OTHER |

APPLICANT'S STATEMENT

SIGNATURE _____ DATE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER