



## Employment Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home/Other)

E-mail: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Availability: Mon Tues Wed Thu Fri Sat Sun (please circle)

Hours Available: \_\_\_\_\_ (indicate range per day)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred By: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Years completed \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

College: \_\_\_\_\_ Years completed \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Sports & Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment History:**

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address/Location: \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

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Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address/Location: \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

**References:** (These should be character references other than former employers such as teachers, coaches, friends or relatives)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

E-mail: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

E-mail: \_\_\_\_\_

**Notification, Authorization and Certification:**

I am hereby notified that certain diseases such as Hepatitis A, E Coli 0157, Salmonella, Shigella, Staphylococcus, Giardia, Streptococcus and Campylobacter will prevent me from handling food equipment until a clean bill of health is received from my medical doctor. It is my obligation to Yogurt Beach to immediately notify my supervisor should I knowingly become or believe that I am infected with any of these diseases.

I hereby authorize the former employers and references I have listed on this application to provide to Yogurt Beach with any information that would be meaningful and relevant to this employment application and I release all parties from all liabilities and/or damages that result from furnishing such information.

I certify that I have fully read and have accurately completed this employment application to the best of my knowledge. I acknowledge that any false information contained in this employment application may be grounds for Yogurt Beach to disregard my employment application or to terminate my employment upon discovery of such false information.

I agree to read and follow the rules and regulations contained in the Yogurt Beach Employees Handbook that will be provided to me upon my employment and which may be updated periodically by Yogurt Beach. I understand that Yogurt Beach is an at-will employer and that Yogurt Beach may terminate my employment at any time for any reason, with or without cause and that I also have these same rights with regard to terminating my own employment.

I understand that Yogurt Beach is an equal opportunity employer and that Yogurt Beach makes every effort to comply with various federal, state and local employment laws, as applicable. I also understand that the information I have provided in this application will not be used for any purposes(s) that are prohibited by law.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_