

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

APPLICATION FOR LET'S YO A YOGURT EXPERIENCE **EMPLOYMENT STORE LOCATIONS**

An Equal Opportunity Employer

Applicants of Let's Yo A Yogurt Experience are considered for all positions without regard to race, color, religion, sex, ancestry or national origin, age or veteran status. In addition, Let's Yo A Yogurt Experience 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 Franchise 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 Pos	ition 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) Email Address					
If hired, can you furnish proof that you are eligible to work in the U.S.?					
Minimum Salary Expected: S PER HOUR Are you seeking full or part-time hours? Full-time Part-time					
What hours are you available to work? Input ho	purs you are able to work for each day availa TUESDAY WEDNESDAY	thursday	FRIDAY	SATURDAY	
Are you currently employed?					
Education (Name & Location) Number of Year Completed Diploma/Degree Certificate Subjects Studied High School/GED:					
College/University:					
Vocational/Technical:					
What skills or additional training do you have that are related to the job for which you are applying?					

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dismissal if discovered at a later date.



LOCATION OF YOUR CHOICE

Employer		City	State
Employer Phone		Dates of Employment FROM	то
Job Title		Duties	
Supervisor	Reason for Leaving	3	
Starting Pay \$ PER HOUR	Ending Pay \$ PER HOUR		
€ Employer		City	State
Employer Phone		Dates of Employment FROM	10
Job Title		Duties	
Supervisor	Reason for Leaving	3	
Starting Pay \$ PER HOUR	Ending Pay \$ PER HOUR		
Explain reasons for any gap in employn	nent		
Name three (3) references, not relatives	s or former employers	City/State	Phone Years known
PLEASE READ EACH STATEMEN	T 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	I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.	Signature	Date
		Printed Name	PLEASE PRINT AND SUBMIT COMPLETED APPLICATION TO STORE

I have read, understand, and by my signature

consent to these statements.