



EMPLOYMENT APPLICATION

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans status, sex, national origin, disability or any other legal protected status.

Applicant Information – PLEASE PRINT

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
_____ City State ZIP Code

Phone: () E-mail Address: _____

Date Available: Social Security No.: Desired Salary: \$

Position Applied for: _____
List any days or hours you are available to work: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO Are you available to work: (please circle) Full Time Part Time

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Top It Off Frozen Yogurt, Inc. is a drug-free environment, all applicants will be drug tested as a condition of employment.

Education

High School: Address: _____
From: To: Did you graduate? YES NO Degree: _____

College: Address: _____
From: To: Did you graduate? YES NO Degree: _____

Other: Address: _____
From: To: Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: Relationship: _____
Company: Phone: () _____
Address: _____

Full Name: Relationship: _____
Company: Phone: () _____
Address: _____

Full Name: Relationship: _____
Company: Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Special Skills/Qualifications:

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

I certify that the answers given herein are true in all respects, and I agree that if the information given is found to be false in any way it shall be considered sufficient cause for denial of employment and/or discharge. I authorized the use of any information in this application to verify my statements and I authorize past employers or references, or any other persons, to answer questions asked concerning my ability, character, reputation and previous employment record. I release all such persons of any liability or damages on account of having furnished such information.

I hereby understand and acknowledge that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Top It Off Frozen Yogurt, Inc. and myself for either employment or for the providing of any benefit. I further understand that, my employment is at will, and neither myself nor Top It Off Frozen Yogurt, Inc. has entered into a contract regarding the duration of my employment. I am free to terminate my employment with Top It Off Frozen Yogurt, Inc. at any time, with or without reason. Likewise, Top It Off Frozen Yogurt, Inc. has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of Top It Off Frozen Yogurt, Inc.. No employee of Top It Off Frozen Yogurt, Inc. can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without the written approval from an authorized executive of Top It Off Frozen Yogurt, Inc.. In consideration of my employment, I agree to conform to the policies and procedures of the Top It Off Frozen Yogurt, Inc.

Signature of Applicant: _____ Date: _____

TOP IT OFF FROZEN YOGURT, INC. IS AN EQUAL OPPORTUNITY EMPLOYER