

**APPLICATION FOR CUPPA YO FROZEN YOGURT EMPLOYMENT
ALL LOCATIONS
An Equal Opportunity Employer**

Applicants of Cuppa Yo Frozen Yogurt are considered for all positions without regard to race, color, religion, sex, ancestry or national origin, age or veteran status. In addition, Cuppa Yo Frozen Yogurt 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.

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

Today's Date ____/____/____ Position Applying For: _____ Store Location: _____

Name _____ Phone Number _____
Last Name First Name Middle Initial

Current Address _____
Street Address City/State Zip

Are you 16 Years of age or older? ___ Yes ___ No Email: _____

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

Have you ever worked for Cuppa Yo? ___ Yes ___ No If yes, when? _____ Location: _____

Minimum salary expected \$_____/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

List Name & Location	Number of Years 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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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give company name and supply business references.

Employer _____ City _____ State _____
 Employer Phone # _____ Dates of Employment _____ to _____
 Job Title _____ Duties _____
 Supervisor _____ Reason for Leaving _____
 Starting Pay \$ _____ Ending Pay \$ _____

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 Job Title _____ Duties _____
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Explain reasons for any gap in employment: _____

Give three (3) references, not relatives or former employers:

Name	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, understood, and by my signature consent to these statements.

Signature: _____ Date: _____

Printed Name: _____

PLEASE PRINT AND SUBMIT COMPLETED APPLICATION TO STORE LOCATION OF YOUR CHOICE