SKINNYSWEET FROZEN YOGURT

Employment Application

Return by email to careers@skinnysweetfroyo.com or drop at the location to which you are applying.



APPLICANT INFORMATION															
Last Name					First				N	1.I.	Date				
Street Address									Apartment/Unit #						
City				State					Z	ZIP					
Cell Phone					E-mail Address										
Do you have reliable transportation? Social Se				ecurity No.				Ε	Date of Birth						
Position applied for															
Desired wage/hour						Date Available to Start									
Are you a citizen of the United States? YES NO)	If no, are you authorized to work in the U.S.? YES NO									
For which location are you applying (Yorktown, Glen Ellyn or are you able to work in both)?															
What days are you	available; pleas	se specify: d	ays/nights	s/botl	h?										
EDUCATION															
High School	igh School				Address										
Start	End	Did you graduate?		YE	YES NO		Degree								
College	e			Address											
Start	End Did you graduate?		YES NO		Degree										
Other	Other			Address											
Start	End	Did you graduate?			YES NO			Degree							
REFERENCES															
Please list three references.															
Full Name						Relationship/Years known									
Occupation						Pho	ne	()						
Full Name						Relationship/Years known									
Occupation						Phone ()									
Full Name						Relationship/Years known									
Occupation						Phone ()									
PREVIOUS EMPLOYMENT															
Company						Phone ()									
Address						Supe	ervis	or							

Job Title		Starting Wage	\$		Ending Wage	\$		
Responsibilities								
Start Date	End Date	Reason for Leaving						
May we contact yo	ur previous superv	YES	NO					
Company			Phone	()				
Address			Supervisor					
Job Title			Starting Wage	\$		Ending Wage	\$	
Responsibilities								
Start Date	End Date	Reason for Leaving						
May we contact yo	our previous superv	visor for a reference?	NO					
Company				Phone	()			
Address			Supervisor					
Job Title			Starting Wage	\$		Ending Wage	\$	
Responsibilities								
Start Date	End Date	Reason for Leaving						
May we contact your previous supervisor for a reference? YES NO								

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by SkinnySweet Frozen Yogurt (hereinafter called "the Company"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature	Date				

The company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.