



# APPLICATION FOR AT-WILL EMPLOYMENT

**AN EQUAL OPPORTUNITY EMPLOYER PLEASE READ BEFORE COMPLETING THIS APPLICATION.**  
 In reading and answering the following questions, please keep in mind that none of the questions is intended to imply any limitations or discrimination based on non-job related information. By completing this application, there is no assurance of employment. However, if a suitable opening occurs, this application may receive due consideration. Use of this form does not indicate that there are positions available.

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

Last Name		First Name		Middle Initial	Social Security number
Present Street Address		City/State		Zip Code	Phone number ( )
Emergency Contact		Phone number ( )		E-mail address	Alternate Phone number ( )
Are you a citizen of the U.S. or do you have a legal right to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Any offer of employment is conditioned upon completing an I-9 Form and providing documents establishing identity and work authorization. Yogurt Lab uses the government's e-verification system to verify I-9 information.	
Position desired:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		<input type="checkbox"/> Morning/Day <input type="checkbox"/> Day/Evening	Salary desired:
Have you previously applied for employment with Yogurt Lab?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, when?	
Do you have any friends, relatives, or acquaintances working for Yogurt Lab?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name & Relationship	
Date available for employment:		Are you 18 years of age or older?		If under 18 years of age, applicant will be required to submit proof of age or work certificate as required by State or Federal law.	
Do you have any other commitments with another employer that may relate to the position you are applying for?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:	
Can you perform, with or without reasonable accommodation, the essential functions of this job?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have any questions about the functions of this job, please ask the interviewer before answering this question.					

Name and city of last school attended:	Graduated? Yes No	Degree Type	Major	GPA

Do you have any food related education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have any food related experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

List any other education, accomplishments or special interests that would benefit you in this position:

Availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Total hours per week available for work:			How far do you live from the restaurant location?				

Professional References – Do not list friends or family members		
Name/Occupation	Phone Numbers	How Known?
1.		
2.		
3.		

