



PRINKIPIA

FROZEN YOGURT

Employment Application Form

Position Applied For

Crew member Other _____ E-mail _____

Personal Details

Name _____ M.I. _____ Last _____ Which Store _____

Address _____ City _____

State _____ Zip Code _____

Telephone No. (home) _____ Telephone No. (cell) _____

How far do you live from here? _____ Are you over 18 years of age? Yes No
(Proof of age or work permit maybe required if hired)

Are you legally able to work in the United States? Yes No
(Proof of identity and legal authority to work in the U.S. is a condition of employment)

Have you worked for frozen yogurt's before? Yes No

If 'Yes', Which store(s)? _____

Date(s): From _____ To _____ Reasons for leaving _____

How did you hear about the job? _____

Contact person in case of emergency

Name _____ Relationship _____

Address _____ Telephone No. (home) _____

State _____ Zip Code _____ Telephone No. (cell) _____

Work Schedule Availability

SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

How many hours would you wish to work each week? _____ Indicate when you are available to work? _____

Could you work extra hours if required? Yes No

Are you looking for Temporary or Full-time or part time

If temporary, when are you available? From _____ To _____

Present and Previous Employment *(please include work experience details)*

Employment dates	Name & address of Employer	Job title and duties	Reason for leaving

Do you have another job? Yes No

If offered a position with yogurt's, will you continue to work for your other employer? Yes No

If YES, please give details of days and hours currently being worked? _____

If you have no previous employment please give details of who to contact for a personal or educational reference

School Information (most recent)

Name	Address	School Phone	
Level Completed	Major	Sports or Activities Involving	GPA
Are you currently attending this school? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many days per week do you go to the school? _____	

General Information

Have you ever been convicted of a felony which has not been annulled or sealed by a court Yes No

If yes, please explain _____

(convictions will not necessary exclude you from employment, but date and type of conviction may be considered for job placement)

Declaration

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time. I understand that before any offer of employment is made, I must provide the company with confirmation eligibility to work in the United States.

I certify that the information on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

 Applicants Signature

 Date