

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

APPLICATION FOR YOGLI MOGLI FROZEN YOGURT EMPLOYMENT STORE LOCATIONS

An Equal Opportunity Employer

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

🔿 Today's Date	Position Applying For					
City/State of Store Location Applying For						
Name LAST NAME	FIRST NAME		MIDDLE INITIAL	Phone Number		
Current Address STREET	CITY			STATE ZIP		
Are you 16 Years of age or older? Yes No (IF HIRED YOU MAY BE REQUIRED TO SUBMIT PROOF OF AGE)						
If hired, can you furnish proof that you are eligible to work in the U.S.? Have you ever worked here? Yes No flyes, when? Location:						
Minimum Salary Expected: \$ PER HOUR Are you seeking full or part-time hours? Full-time What hours are you available to work? Input hours you are able to work for each day available.						
			JRSDAY FRID	AY SATURDAY		
Are you currently employed? Yes No If yes, may we contact your present employer? Yes No						
Education (Name & Location) High School/GED:		Number of Year Co		e Certificate Subjects Studied		
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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Employer	City	State			
Employer Phone	Dates of Employment FROM TO				
Job Title	Duties				
Supervisor Reason for Leavin	ng				
Starting Pay Ending Pay \$ PER HOUR \$ PER HOUR					
Employer	City	State			
Employer Phone	Dates of Employment FROM TO				
Job Title	Duties				
Supervisor Reason for Leavin	ng				
Starting Pay Ending Pay \$ PER HOUR \$ PER HOUR					
Explain reasons for any gap in employment					
Name three (3) references, not relatives or former employers	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, understand, and by my signature consent to these statements.

Signature	Date
Printed Name	PLEASE PRINT AND SUBMIT COMPLETED APPLICATION TO STORE LOCATION OF YOUR CHOICE