

YoYumYum Employment Application

Notice to Applicant. This application is used to evaluate your qualifications for employment. Your training and employment experience will be used to determine whether you meet the minimum qualifications for a position and to measure your knowledge, skills, and abilities in competing for a position. Please include self-employment, volunteer experience, and any non-employment periods when completing the Employment History section. This application is not an employment contract. We do not unlawfully discriminate in hiring or any other employment practice on the basis of age, race, color, sex, religion, national origin, disability, or any other classification protected by Federal, State, or Local Laws. All qualified applications will receive consideration for employment without regard to any of the above factors. We are an Equal Opportunity Employer.

Position Applied For: _____ **Date:** _____

Location: _____

Personal Information

Last Name	First Name	Middle Name	Social Security Number
Current Street Address	City	State	Zip Code
Can you, after employment, submit proof of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Alternate Phone/Cell phone	
As an adult, have you ever been convicted of an offense(s) other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you over 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What day and hours are you available to work?	What date are you available to start work? Full-Time or Part-time <small>(Please circle one)</small>	Are you able to perform the essential functions of the positions with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History (Start with the most recent one)

Current or Last Employer	Title of your Position	Employment Start Date:	Employment End Date:
Employer Street Address	City	State	Zip Code
Hours worked per week:	Starting Wage	Ending Wage	
Duties:			
Reason(s) for leaving:			

May we contact this employer? Yes No

Name of Supervisor:

Title:

Phone Number:

Next Previous Employer

Title of your Position

Employment Start Date:

Employment End Date:

Employer Street Address

City

State

Zip Code

Hours worked per week:

Starting Wage

Ending Wage

Duties:

Reason(s) for leaving:

May we contact this employer? Yes No

Name of Supervisor:

Title:

Phone Number:

Next Previous Employer

Title of your Position

Employment Start Date:

Employment End Date:

Employer Street Address

City

State

Zip Code

Hours worked per week:

Starting Wage

Ending Wage

Duties:

Reason(s) for leaving:

May we contact this employer? Yes No

Name of Supervisor:

Title:

Phone Number:

Education And Skills Summary

High School Or GED	City and State	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
College or Trade School	City and State	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Major _____
Other	City and State	Did you Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and Release

- I certify that, to the best of my knowledge and belief, the information provided in order to complete this application is true, complete and accurate. I understand that false statements or omissions on this application may result in rejection of my application or, if employed, may result in my discharge at any time
- I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give to this employer any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from giving this information.
- I understand, if hired, that I am employed at will and that my employment can be terminated at any time with or without cause.
- I realize that under state or federal laws, I may be required to submit to an alcohol and/or drug test (which may or may not be a part of a post offer, pre-employment physical) as a condition of my employment. I hereby agree to submit to such an examination if required to do so by company policy and permit disclosure of results to my employer.

Date

Signature of Applicant

Applicants for the Goleta Store, you can turn in your application in one of the following ways:

- 1) **You can turn in your completed application at the Carpinteria YoYumYum Store located at
1005 Casitas Pass Road
Carpinteria, CA 93013**
- 2) **FAX: Fax completed applications to (805) 983-6383**
- 3) **Email: yoyumyumyogurt@yahoo.com**