



Date: _____

Employment Application

| Applicant Information | | | | | | | | | | | | | | | |
|--|----------------|----|---------|---------------------------------|-----------|--------------------------------|----------|--|--------|------------------|---|---------------------------------|--------|--------------------------------|--|
| Name (Last, First, Middle) | | | | Sex (M/F) | | | | Are you over 18 year old? Yes / No | | | | (Circle one) | | Email Address | |
| Home Address | | | | City | | State | | Zip | | | | | | Home Phone Number | |
| Mailing Address (If not the same as home address) | | | | City | | State | | Zip | | | | | | Cell-Phone Number | |
| Date Available to Start: | | | | Position Applying For: | | | | Location Applying For: | | | | | | | |
| Are You Interested In: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> How many hours per week would you like to work? | | | | | | | | | | | | | | | |
| Hours Available to work: | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | | |
| | From | To | From | To | From | To | From | To | From | To | From | To | From | To | |
| Education | | | | | | | | | | | | | | | |
| | Name of School | | | City | | State | | Major | | | Level Completed, certificate or degree received | | | | |
| High School | | | | | | | | | | | | | | | |
| College/University | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |
| Legal | | | | | | | | | | | | | | | |
| IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL NEW HIRES WILL BE VERIFIED AS REQUIRED BY THE IMMIGRATION REFORM ACT OF 1986 | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| Were you ever discharged by any company? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If yes, when? | | | | | | | |
| Have you ever been convicted crime other than a minor traffic violation? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | NOTE: YOU MAY OMIT ANY CONVICTIONS FOR THE POSSESSION OF MARIJUANA THAT ARE MORE THAN TWO (2) YEARS OLD AND ANY INFORMATION CONCERNING A REFERRAL TO, AND PARTICIPATION IN, ANY PRE-TRIAL OR POST TRIAL DIVERSION PROGRAM. (CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.) | | | | | | | |
| If yes, explain: | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | |
| Please list three references (other than family). | | | | | | | | | | | | | | | |
| Name | | | | Occupation | | | | Years Known | | Telephone Number | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Previous Employment (Starting With Most Recent First) | | | | | | | | | | | | | | | |
| Company: | | | | | | | | Phone: | | | | | | | |
| Address: | | | | | | | | Supervisor: | | | | | | | |
| Job Title: | | | | Starting Salary: \$ | | | | Ending Salary: \$ | | | | | | | |
| Responsibilities: | | | | | | | | | | | | | | | |
| From: | | | | To: | | Reason for Leaving: | | | | | | | | | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | |

Application continued on the reverse side

Previous Employment (Continued)

| | | | |
|---|---------------------|---------------------|--|
| Company: | | Phone: | |
| Address: | | Supervisor: | |
| Job Title: | Starting Salary: \$ | Ending Salary: \$ | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | |
|---|---------------------|---------------------|--|
| Company: | | Phone: | |
| Address: | | Supervisor: | |
| Job Title: | Starting Salary: \$ | Ending Salary: \$ | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | |
|---|---------------------|---------------------|--|
| Company: | | Phone: | |
| Address: | | Supervisor: | |
| Job Title: | Starting Salary: \$ | Ending Salary: \$ | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

Disclaimer and Signature

I certify under penalty of perjury 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.

I understand and agree that, if hired, my employment is "At Will". I also understand that, if hired, my employment is for no definite period of time. I may terminate my employment at any time, and I may be dismissed at any time without prior notice of any reason or for no reason. I further understand and agree that nothing in this application is intended as, or shall constitute a contract of employment or a guarantee of employment.

I understand that by signing this application I am authorizing you to contact the individuals I have identified as references and former employers, and educational institutions to confirm the information provided. I understand that any policies or procedures may be changed at the employer's discretion at any time and without notice.

Further, I understand that all offers of employment are contingent on my ability to provide satisfactory proof of identity and legal authority to work in the United States and that continued employment maybe contingent upon and subject to consenting to and undergoing drug and/or alcohol screening, where allowed by law, the results of which must be satisfactory.

White Rabbit Frozen Yogurt is an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. Various Federal, State and Local laws prohibit discrimination on account of race, creed, color, religion, sex, sexual orientation, age, national origin, ancestry, medical condition, disability, veteran status or marital status.

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|------------|-------|
| Signature: | Date: |
|------------|-------|