

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

## APPLICATION FOR THE FUZZY PEACH FROZEN YOGURT BAR EMPLOYMENT STORE LOCATIONS

An Equal Opportunity Employer

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

$\left( \right)$	Today's Date		ition Applying For					
	City/State of Store Location Applying For							
	Name LAST NA	AME	FIRST NAME		MIDDLE INITIAL	Phone Num	ber	
	Current Address STREET		СІТҮ			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 If yes, when? Location:							
Minimum Salary Expected:         \$ PER HOUR         Are you seeking full or part-time hours?         □ Full-time								
	What hours are you avai	nilable to work? Input he Monday	DURS YOU ARE ADIE TO WORK	for each day available. WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Are you currently employed?  Yes No If yes, may we contact your present employer?  Yes No								
Education (Name & Location)     Number of Year Completed     Diploma/Degree Certificate     Subjects Studied       High School/GED:								
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	g	
Starting Pay S PER HOUR S PER HOUR S PER HOUR		
Employer	City	State
Employer Phone	Dates of Employment FROM TO	
Job Title	Duties	
Supervisor Reason for Leavin	g	
Starting Pay S PER HOUR S PER HOUR S 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