



APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

Equal Opportunity Employer

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

PHONE # _____ Cell# _____

EMAIL ADDRESS _____ REFERRED BY _____

Have you or your spouse ever been convicted of anything other than a minor traffic violation? Explain.

YES _____ NO _____

How did you hear about us? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

HOURLY RATE DESIRED _____ DAYS & TIMES AVAILABLE _____

DO YOU HAVE A DRIVER'S LICENSE _____

ARE YOU EMPLOYED NOW _____ YES NO _____ IF SO, WHERE _____

MAY WE CONTACT PRESENT EMPLOYER _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application will be grounds for dismissal. I authorize the investigation of all statements contained in this application, the references and employers listed to give Twisted Cup Yogurt any & all pertinent information they may have, personal or otherwise, & release the company from all liability from any damage that may result from utilization of such information. I also understand and agree that any agreement of employment will be made in writing & signed by a company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by The American Disabilities Act and other relevant federal & state laws."

DATE: _____ SIGNATURE: _____

NAME: _____



GENERAL INFORMATION

EDUCATION:

HIGH SCHOOL: _____

YR GRADUATED/OR CURRENT STATUS _____

COLLEGE: _____

YR GRADUATED/OR CURRENT STATUS _____

SPECIAL AREA
STUDIED _____

TRADE SCHOOL: _____ YR GRADUATED _____

SPECIAL SKILLS/TRAINING: _____

EXTRA CURRICULAR
ACTIVITIES: _____

EMPLOYMENT: Please start with the MOST recent.

FROM/TO: _____ EMPLOYER: _____ POSITION: _____

Reason for Leaving _____

FROM/TO: _____ EMPLOYER: _____ POSITION: _____

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Reason for Leaving _____

FROM/TO: _____ EMPLOYER: _____ POSITION: _____

Reason for Leaving _____

REFERENCES: List persons NOT related to you, you've know for a min. of one year.

NAME _____ PHONE # _____

PERSONAL OR EMPLOYER _____ YRS KNOWN _____

NAME _____ PHONE # _____

PERSONAL OR EMPLOYER _____ YRS KNOWN _____

NAME _____ PHONE # _____

PERSONAL OR EMPLOYER _____ YRS KNOWN _____

