APPLICATION FOR CHERRYBERRY YOGURT BAR EMPLOYMENT STORE LOCATIONS An Equal Opportunity Employer

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

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

Today's Date			Position Applying For						
City/State of Sto	ore Location Apply	ring For							
Name		First Name	Middle Initia	_ Ph	none Numbe	er			
	Street Address								
	Street Address		City			State	Zip		
Are you 16 Years of age or older? \square Yes \square 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.? \Box Yes \Box No									
Have you ever worked here? ☐ Yes ☐ No If yes, when? location?									
Minimum salary expected \$/hour Are you seeking full or part-time hours? □ Full-Time □ Part-Time What hours are you available to work? Input hours you are able to work for each day available.									
Sunday		Tuesday			rsday	Friday	Saturday		
Are you currently employed? ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No									
			1 -						
List Name & Location		Number of Years 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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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self employed, give company name and supply business references.

company name and supply susine								
Employer								
Employer Phone #		•	•	to				
Job Title	Duti	ies						
	pervisor Reason for Leaving							
Starting Pay \$ Er	–							
Employer								
Employer Phone #								
Job Title	ies							
Supervisor	Rea	Reason for Leaving						
Starting Pay \$ Er	carting Pay \$ Ending Pay \$							
Explain reasons for any gap in employe	ment:							
Give three (3) references, not rela	tives or for	mer employers:						
Name		City, State	Phone	Years Known				
PLEASE READ	EACH STA	TEMENT CAREFULLY I	BEFORE SIGNING					
I certify that all information provided in information, omission or misrepresentate result in my dismissal if discovered at a	ations may di							
I UNDERSTAND THAT THIS APPLICAT: EMPLOYMENT NOR GUARANTEE EMPL				CONTRACT OF				
I have read, understand, and by my signature	gnature cons	ent to these statements.						
I have read, understand, and by my signature:	_		ate:					