



APPLICATION FOR EMPLOYMENT

NAME	LAST:	FIRST:	M.I.:
ADDRESS	STREET:		
	CITY:	STATE:	ZIP:
PHONE	HOME:	MOBILE:	
EMAIL			
ARE YOU UNDER AGE 18? _____ (IF YES, PROOF OF AGE OR WORK PERMIT MAY BE REQUIRED IF HIRED) ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____			

APPLYING LOCATION

CITY & STATE:

AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TO	TO	TO	TO	TO	TO	TO

SCHOOL ATTENDED

1. NAME OF THE SCHOOL:	ADDRESS:	
DEGREE:	MAJOR:	GPA:
YEAR GRADUATING _____	CURRENTLY ENROLLING _____	SPECIAL ACTIVITIES:
YEAR GRADUATED _____		
2. NAME OF THE SCHOOL:	ADDRESS:	
DEGREE:	MAJOR:	GPA:
YEAR GRADUATING _____	CURRENTLY ENROLLING _____	SPECIAL ACTIVITIES:
YEAR GRADUATED _____		

EMPLOYMENT HISTORY

1.COMPANY NAME:	PHONE:	ADDRESS:
JOB TITLE:	SUPERVISOR:	DATES WORKED: FROM TO
SALARY:	REASON FOR LEAVING:	
2.COMPANY NAME:	PHONE:	ADDRESS:
JOB TITLE:	SUPERVISOR:	DATES WORKED: FROM TO
SALARY:	REASON FOR LEAVING:	
3.COMPANY NAME:	PHONE:	ADDRESS:
JOB TITLE:	SUPERVISOR:	DATES WORKED: FROM TO
SALARY:	REASON FOR LEAVING:	

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____, NO _____

I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Peachwave Frozen Yogurt. I certify that I have read and fully completed both sides of this application and that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with Peachwave's policy. I acknowledge that Peachwave reserves the right to amend or modify the policies in its Handbook, or conveyed verbally, and other policies at any time, without prior notice. These policies do not create any promise or contractual obligations between Peachwave and its employees. I authorize Peachwave to make whatever inquiries either personal, work-related, or through a consumer agency that may be necessary. In exchange for Peachwave's agreement to receive, process, and consider my application, I hereby release Peachwave, and any and all persons or organizations contacted by Peachwave from any and all claims or causes of action arising out of Peachwave's verification of the information provided in this application, and other job-related information arising from such verification. My signature below indicates that I have read, understand, and agree to the above terms.

 APPLICANT'S SIGNATURE

 DATE

 IF UNDER AGE 18, PARENT/GUARDIAN SIGNATURE

 DATE