



RETAIL EMPLOYMENT APPLICATION

DESIRED LOCATION: _____

GENERAL INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER: _____ EMAIL: _____
HOME/MOBILE

POSITION: _____ AVAILABLE START DATE: _____

JOB TYPE: FULL TIME PART TIME SEASONAL HOURS AVAILABLE PER WEEK: _____

AVAILABILITY: (HOURLY)

	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM							
TO							

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO
IF NOT, YOU MAY BE REQUIRED TO PROVIDE PERMISSION LETTER FROM A PARENT/GUARDIAN

ARE YOU A CITIZEN OF UNITED STATES OF AMERICA? YES NO
IF NOT, ARE YOU AN AUTHORIZED WORKER OF U.S.? YES NO
IF SO, CAN YOU PROVIDE A WORKER'S PERMIT? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO
 IF SO, WHAT LOCATION? _____

WHO REFERRED YOU TO OUR COMPANY? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES NO
YES, PLEASE EXPLAIN WHY, WHEN, AND WHERE.

EDUCATION			
SCHOOL NAME	MAJOR	YEARS ATTENDED	DEGREE

REFERENCES

NAME: _____
COMPANY: _____
ADDRESS: _____

RELATIONSHIP: _____
YEARS KNOWN: _____
PHONE NUMBER: _____

NAME: _____
COMPANY: _____
ADDRESS: _____

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COMPANY: _____
ADDRESS: _____

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COMPANY: _____
ADDRESS: _____

RELATIONSHIP: _____
YEARS KNOWN: _____
PHONE NUMBER: _____

EMPLOYMENT HISTORY

COMPANY: _____ FROM: _____ TO: _____
JOB TITLE: _____ PHONE NUMBER: _____
SUPERVISOR: _____ MAY WE CONTACT YOUR SUPERVISOR? _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____

COMPANY: _____ FROM: _____ TO: _____
JOB TITLE: _____ PHONE NUMBER: _____
SUPERVISOR: _____ MAY WE CONTACT YOUR SUPERVISOR? _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____

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COMPANY: _____ FROM: _____ TO: _____
JOB TITLE: _____ PHONE NUMBER: _____
SUPERVISOR: _____ MAY WE CONTACT YOUR SUPERVISOR? _____
RESPONSIBILITIES: _____
REASON FOR LEAVING? _____

EMPLOYMENT EXAM

PLEASE REFRAIN FROM USING A CALCULATOR

1. Which number should follow the sequence? 144 121 100 81 64 _____

2. Kelly is four years old. Bradley is three times as old as Kelly.
When Kelly turns twelve, how old will Bradley be? _____

3. $12 \times 10 =$ _____ 4. $20.00 - 5.50 =$ _____

5. $5.25 - 3.25 =$ _____ 6. $20.50 - 3.75 =$ _____

7. What personal qualities do you have that would greatly contribute to Froyoworld?

8. A customer comes to the register and tells you he did not receive correct change. Instead of 54 cents, he was given 45 cents. What do you do?

9. Please rank the following qualities of Froyoworld from most important to least important:
Great Customer Service Fresh Quality Product Comfortable & Fun Environment
Please explain why you chose your particular order.

10. What would you do if your shift leader/supervisor asked you to stay two hours longer than your scheduled shift, which would interfere with your plans you had with friends?

11. What would you do if you saw one of your co-workers take money from the register or give a free cup of frozen yogurt to a friend?

DISCLAIMER

THE SECRETARY OF HEALTH AND HUMAN SERVICES HAS DETERMINED THAT CERTAIN DISEASES, INCLUDING HEPATISES A, SALMONELLA, SHIGELLA, STYAPHYLOCOCCUS, STREPTOCOCCUS, GIARDIA, E.COLI, AND CAMPYLOBACTER MAY PREVENT YOU FROM SERVING FOOD OR HANDLING FOOD EQUIPMENT AND UTENSILS IN A SANITARY AND HEALTHY FASHION. IS THERE ANY REASON WHY YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB?

YES NO

IF YES, PLEASE EXPLAIN.

1. I CERTIFY THAT I HAVE READ AND FULLY COMPLETED ALL THREE (3) PAGES OF THIS APPLICATION AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORREXT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR ERRONEOUS INFORMATION IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH FROYOWORLD'S POLICY.

2. I AUTHORIZE THE REFERENCE(S) LISTED IN THIS APPLICATION TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AS WELL AS PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. I RELEASE ALL PARTIES FROM ALL LIABILITIES FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING THE AFOREMENTIONED INFORMATION.

3. I ACKNOWLEDGE THAT FROYOWORLD RESERVES THE RIGHT TO AMEND OR MODIFY THE POLICIES IN ITS EMPLOYEE HANDBOOK AS WELL AS OTHER FROYOWORLD POLICIES AT ANY TIME, WITH OUT PRIOR NOTICE. THESE POLICIES DO NOT CREATE ANY PROMISE(S) OR CONTRACTUAL OBLIGATION(S) BETWEEN FROYOWORLD AND ITS EMPLOYEE(S). AT FROYOWORLD, MY EMPLOYMENT IS AT-WILL. THIS MEANS I AM FREE TO TERMINATE MY EMPLOYEMENT AT ANY TIME OR FOR ANY REASON, WITH OUR WITH OUT CAUSE 2 WEEKS PRIOR TO DATE OF TERMINATION. FROYOWORLD ALSO RETAINS THESE SAME RIGHTS.

FROYOWORLD IS AN EQUAL OPPORTUNITY EMPLOYER. VARIOUS FEDERAL, STATE, AND LOCAL LAWS PROHIBIT DISCRIMINATION AN ACCOUNT OF SEX, GENDER, RACE OR COLOR, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, PREGNANCY, CITIZENSHIP STATUS, AGE, RELIGION, DISABILITY OR MEDICAL CONDITION, MARITAL STATUS OR MILITARY STATUS. IT IS FROYOWORLD'S POLICY TO FULLY COMPLY WITH THESE LAWS, AS APPLICABLE. THE INFORMATION REQUESTED IN THIS APPLICATION WILL NOT BE USED FOR ANY PURPOSE(S) PROHIBITED BY LAW.

SIGNATURE

SIGNATURE

DATE