



APPLICATION FOR CHERRYBERRY YOGURT BAR EMPLOYMENT STORE LOCATIONS

An Equal Opportunity Employer

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

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.

Today's Date

Position Applying For

City/State of Store Location Applying For

Name	LAST NAME	FIRST NAME	MIDDLE INITIAL
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Phone Number

Current Address	STREET	CITY	STATE	ZIP
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Are you 16 Years of age or older? Yes No (IF HIRED YOU MAY BE REQUIRED TO SUBMIT PROOF OF AGE)

Email Address

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

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 Part-time

What hours are you available to work? Input hours you are able to work for each day available.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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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 Leaving	
Starting Pay \$ PER HOUR	Ending Pay \$ PER HOUR	

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Employer Phone	Dates of Employment FROM TO	
Job Title	Duties	
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Starting Pay \$ PER HOUR	Ending Pay \$ PER HOUR	

Explain reasons for any gap in employment

Name three (3) references, not relatives or former employers	City/State	Phone	Years known
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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