

# APPLICATION FOR PART TIME EMPLOYMENT

Last Name	First	Middle	Date of Application	
Street/P.O. Box	Apt. #	City	State	Zip
Day Phone ( ) -	Evening Phone ( ) -	Social Security # - -		
Please list any other names you have used		<input type="radio"/>	<input type="radio"/>	
Emergency Contact's Name.		Home Phone ( ) -	Work Phone ( ) -	
Street/P.O. Box	Apt. #	City	State	Zip

## PERSONAL

1. Are you at least 18 years old? .....  Yes  No  
If no, please list birth date. \_\_\_\_\_
2. Are you a United States citizen or legally authorized to work in the United States? .....  Yes  No  
**(If hired, you must submit verification of your legal right to work in the United States)**
3. Have you ever been employed by restaurant or any other food services .....  Yes  No  
If so, when? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Who was your immediate supervisor/owner? \_\_\_\_\_  
Why did you leave? \_\_\_\_\_
4. What prompted you to apply for work here?  Company Image  Agency  Friend  
 Newspaper \_\_\_\_\_  Employee Referral \_\_\_\_\_  Other \_\_\_\_\_
5. Have you ever been convicted of a felony? .....  Yes  No  
If yes, please explain all felony convictions. \_\_\_\_\_  
(Attach additional pages if necessary)
6. Job related organizations, clubs, professional societies. (Omit those which indicate sex, race, religion, disability, creed, color, national origin, ancestry, and/or age.) \_\_\_\_\_
7. Is any member of your family (spouse, parent, sibling, in-law etc.) employed in the restaurant industry? ....  Yes  No  
If yes, please explain. \_\_\_\_\_

## EDUCATION

	Name and Location of School	Dates Attended From/To	Circle Highest Year Completed				Major and Minor Fields of Study	Degree(s) Diploma
			9	10	11	12		
High School								
Technical/Vocational School								
College/University			1	2	3	4		
Other								

# AVAILABILITY FOR WORK

8. What hours or shifts are you available for work? Please note both hours available and hours unavailable to work in the table below.  
 \*Do not explain reasons for hours you are not available. Only indicate the times of unavailability

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Available							
*Not-Available							

9. How soon after accepting an offer would you be able to start working? \_\_\_\_\_

# VEHICLE INFORMATION

You will be required to drive. Do you have a valid driver's license?  Yes  No  
 Do you have a reliable source of transportation?  Yes  No  
 Source? \_\_\_\_\_

If yes, the following information must be completely filled out.

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration/Renewal Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Amount of Liability Coverage \_\_\_\_\_

Agency Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Effective Date \_\_\_\_\_ Policy Expiration Date \_\_\_\_\_ Policy # \_\_\_\_\_

List Below all traffic violations within the last three years (exclude parking violations). Include date, violation, and penalty.

Date \_\_\_\_\_ Violation \_\_\_\_\_ Penalty \_\_\_\_\_

Date \_\_\_\_\_ Violation \_\_\_\_\_ Penalty \_\_\_\_\_

Date \_\_\_\_\_ Violation \_\_\_\_\_ Penalty \_\_\_\_\_

# EXPERIENCE

	JOB 1	JOB 2	JOB 3
EMPLOYER			
ADDRESS/ LOCATION (Include City, State, & Zip)			
DATES EMPLOYED	from ____ / ____ / ____ to ____ / ____ / ____ Mo. / Yr Mo. / Yr	from ____ / ____ / ____ to ____ / ____ / ____ Mo. / Yr Mo. / Yr	from ____ / ____ / ____ to ____ / ____ / ____ Mo. / Yr Mo. / Yr
POSITION(S) HELD			
SUPERVISOR'S NAME			
PHONE NUMBER	(____) _____	(____) _____	(____) _____
STARTING SALARY / WAGES	\$ _____	\$ _____	\$ _____
FINAL SALARY / WAGES	\$ _____	\$ _____	\$ _____
MAY WE CONTACT THIS EMPLOYER?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
RESPONSIBILITIES			
REASON FOR LEAVING			

I represent that the above information, and any other information I may be required to provide, is complete and accurate and any misstatement or omission may result in rejection of my application or termination of employment. I authorize LE YOGOURT to conduct, at its discretion, felony conviction and motor vehicle record searches. I authorize my references and any state or local agency to release any information they may have regarding me to LY and I release all parties from any liability for requesting and/or providing such information.

I agree that if I am hired, my employment may be terminated at any time for any reason or no reason at all with or without notice by me of LY. I agree that only the Chairman of the Board of LY has authority to enter into an employment arrangement other than "at-will" and it must be in writing and signed by the Chairman of the Board and me.

I agree to keep confidential all proprietary information I learn about LY by virtue of my employment with LY and I shall not disclose it or use it for my own personal gain or for the benefit of a third party.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application was designed to comply with Title VII of the Civil Rights Act, The Age Discrimination in Employment Act, The Americans with Disabilities Act, as well as other applicable federal and state Fair Employment Practice Laws. Therefore, no question answered is or will be used to discriminate on the basis of race, color, national origin, religion, age, sex, disability, veteran status or any other characteristic protected by federal, state or local laws. Applications are effective for 60 days, after which you must reapply.