



We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Oregon Frozen Yogurt, LLC to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**HOW TO COMPLETE THIS APPLICATION:**

1. Use a blue or black pen. Print neatly, so your answers are easy to read. If you need more space, attach an additional sheet of paper.
2. Answer all of the questions completely. If you do not understand a question, ask the manager to explain it. You are not required to give information in response to a question that is prohibited by law.
3. If you have questions about job duties or career opportunities with Oregon Frozen Yogurt, ask the manager. He or she will be glad to answer them.
4. Carefully read the information on the application. Once you have answered the questions and read all the information, sign and date the application.
5. Applications are effective for 60 days, after which you must re-apply. This time period may be extended if you are interviewed for a position during the 60-day period.

**PERSONAL INFORMATION**

NAME: Please PRINT or TYPE		eMail Address	Phone Number
ADDRESS: Street Number and Name, City, State, Zip Code			
Are you a U.S. Citizen?		If no, can you, after employment, submit verification of your legal right to work in the United States?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you over 18?		If hired, do you have a reliable means of transportation to get to work?	
<i>If no, you may be required to provide work permit upon hire.</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)			
Are you able to perform all of the following tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<ul style="list-style-type: none"> <li>• Standing for extended time</li> <li>• bending</li> <li>• lifting (25 lbs. or less)</li> <li>• reaching</li> </ul>			
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:			

**EMPLOYMENT DESIRED**

Type of POSITION desired:	Date Available
<input type="checkbox"/> Crew Member <input type="checkbox"/> Manager <input type="checkbox"/> Assistant Manager	
Desired starting hourly pay:	
NOTE: Complete attached form regarding work schedules.	
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How were you referred to Oregon Frozen Yogurt :	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Facebook/Twitter <input type="checkbox"/> Other (please specify below)	
(Please identify source below)	
Name of Employee _____	Other _____

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended/Attending		Did You Graduate? Degree?
	From	To	(Yes/No)
High School			
Tech School/College/University			
Tech School/College/University			
Please list any honors, awards, sports, or extracurricular activities with which you are actively involved:			

## VOLUNTEERING

List below any volunteer activities. What did you do?	Dates of Service		Organization Name/Location
	From	To	

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			
<b>Business Name</b>	Phone No. ( )	Dates of Employment	
Address (Include Street, City, State, Zip Code)		From (Mo/Yr)	To (Mo/Yr)
Supervisor (Name & Title)	Job Duties:		
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated			
<b>Business Name</b>	Phone No. ( )	Dates of Employment	
Address (Include Street, City, State, Zip Code)		From (Mo/Yr)	To (Mo/Yr)
Supervisor (Name & Title)	Job Duties:		
Reason for leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Resigned without Notice <input type="checkbox"/> Terminated			

I have additional employment data. I have added to Page 4

## REFERENCE DATA

**PLEASE PROVIDE PERSONAL AND/OR WORK REFERENCES WE MAY CONTACT (teachers, community members, former supervisors not listed in employment history - no family members)**

Name and relationship (i.e., pastor, mayor, scout leader, etc.)	Email Address	Phone

At Oregon Frozen Yogurt we understand some employees can or want to work more hours than others, while others need or want less hours. This is okay! What we need you to do is complete the following section as honest as possible.



Complete this first section for summer hours when school is not in session.  
 General hours will be from Noon until 9pm during the summer, with employees opening the store beginning as early as 9am and employees closing the store as late as 10pm  
 When are you available to work each day:

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM							
TO							

Below, list any summer activities or vacations when you would not be able to work:

Activity/Vacation	From	To	Can you work partial hours during this activity?



Complete this section for when school is in session, roughly September through end of May  
 General hours will be from 3pm until 9pm Monday through Friday, and Noon until 9pm on Saturdays and Sundays. Employees opening the store beginning as early as 10am (weekends) and employees closing the store as late as 10pm each day.  
 When are you available to work each day:

	MON	TUE	WED	THU	FRI	SAT	SUN
FROM							
TO							

Below, list any activities or vacations when you would not be able to work:

Activity/Vacation	From	To	Can you work partial hours during this activity?

Any other additional information?

A large, empty rectangular box with a thin black border, intended for providing additional information. It occupies the majority of the page's width and height below the question.

## PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that Oregon Frozen Yogurt is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize Oregon Frozen Yogurt to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

\_\_\_\_\_  
Initial

If employed by Oregon Frozen Yogurt, I will abide by Employee Handbook policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

The U.S. Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, and campylobacter, may prevent you from serving good food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves serving food or handling food equipment in a sanitary and healthy fashion. Can you, with or without reasonable accommodation, perform this essential function of this job?

\_\_\_\_\_  
Initial, if yes

If employed by Oregon Frozen Yogurt, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Oregon Frozen Yogurt or myself. I understand that, other than the owners of Oregon Frozen Yogurt, no manager, supervisor or representative has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the owners of Oregon Frozen Yogurt has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between me and Oregon Frozen Yogurt .

\_\_\_\_\_  
Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and Oregon Frozen Yogurt concerning the nature of my employment, if any, by Oregon Frozen Yogurt and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and Oregon Frozen Yogurt. I understand and agree that, except as noted above, no person who is either an agent or employee of Oregon Frozen Yogurt may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application