



3331 Locust Street, Saint Louis, MO 63103
 (314)533-3091
 www.flyingcowyogurt.com

EMPLOYMENT APPLICATION

Full Name: _____ Date: _____
LAST FIRST MIDDLE

Address: _____
STREET ADDRESS APT / UNIT #

Phone #: () _____ HOME MOBILE _____ E-Mail: _____ @ _____
CITY STATE ZIP CODE

Position: _____ Date Available: _____ Desired Salary: \$ _____ HR/YR

Job Type: Full Time Part Time Seasonal (Circle One): Summer / Winter Other: _____

Availability:

	MON	TUES	WED	THURS	FRI	SAT	SUN
(Hourly) FROM							
TO							

Are you at least 18 years of age? YES NO *If No, you may be required to provide a work permit upon hire.*

Are you a citizen of the United States of America? YES NO *If No, are you authorized to work in the U.S.?* YES NO

Have you ever worked for this company? YES NO *If Yes, when and where?* _____

Have you ever been convicted of a felony? YES NO *If Yes, please explain:* _____

Education

High School: _____ Address: _____

Have you graduated? YES NO Degree: _____

College: _____ Address: _____

Have you graduated? YES NO Degree: _____

Other: _____ Address: _____

Have you graduated? YES NO Degree: _____

References

Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____ WORK
Address: _____ OTHER

Full Name: _____ Relationship: _____
Company: _____ Phone: (_____) _____ WORK
Address: _____ OTHER

Previous Employment

Company: _____ Phone: (_____) _____ WORK
Address: _____ Supervisor: _____ OTHER
From: _____ To: _____ Starting Salary: \$ _____ HR/YR Ending Salary: \$ _____ HR/YR
Job Title: _____ Responsibilities: _____

Reason for Leaving: _____ May we contact this employer? YES NO

Company: _____ Phone: (_____) _____ WORK
Address: _____ Supervisor: _____ OTHER
From: _____ To: _____ Starting Salary: \$ _____ HR/YR Ending Salary: \$ _____ HR/YR
Job Title: _____ Responsibilities: _____

Reason for Leaving: _____ May we contact this employer? YES NO

Legal

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia, E. coli, and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service 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: _____

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding information provided on this application, on my resume, or during my interview. I will agree to a drug test, if permitted by law, to be paid for by the company. Should I become involved in a claim for worker's compensation or any other litigation after employment by the company, I will allow the company to supply my employment records to an opposing party.

If employed by the company, I understand that I will be an employee at-will and that my employment with Flying Cow Frozen Yogurt Co., may be terminated at any time by myself or Flying Cow Frozen Yogurt Co. I acknowledge that Flying Cow Frozen Yogurt Co. reserves the right to amend or modify the policies as well as other Flying Cow policies at any time, without prior notice. Finally, I understand that this is only an application for employment and neither an offer of or a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

Signature

Date
