

Last Name	2		
	Date of Application		

## **EMPLOYMENT APPLICATION**

Please fill out application completely and return to JanYo Frozen Yogurt.

## **Personal Information**

Last Name	First Name	M.I.	
Street Address	City	State Zip	
Phone	Alternate Phone (if applicable)		
Are you over the age of 18? yes no	Are you eligible to work in the United	States of America? yes no	
Work Experience			
Employer	City, State	Start & End Date (mm/yy)	
Employer	City, State	Start & End Date (mm/yy)	
Employer	City, State	Start & End Date (mm/yy)	

## **Availability**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

## **Education**

School	City, State	Start & End Date (mm/yy)
Major/Degree		Did you graduate? yes no
School	City, State	Start & End Date (mm/yy)
Major/Degree		Did you graduate? yes no
School	City, State	Start & End Date (mm/yy)
Major/Degree		Did you graduate? yes no
	in this application is true, correct and com pplication may be considered sufficient ca	
Signature of Applicant:		Date:

It's Yo Time!