



Application for Employment

Applicants will receive consideration without regard to race, color, sex, religion, age, national origin, disability or veteran or marital status.

2720 Council Tree Ave, Ste 166
 Fort Collins, CO 80525
 (970) 797-2105 (970) 797-2055 fax
 www.spoonersfroyo.com

Today's Date: _____

Personal Information (Please Print)

Full Legal Last Name	Full Legal First Name	Middle Initial	Home Phone () -
Street Address			Cell Phone () -
City, State, Zip			Social Security Number - -
Have you ever applied for employment with us? Yes No If yes: Month/Year			Pay Expected
Position Desired			Adequate Transportation? Yes No
Are you eligible for employment in the United States? Yes No			Are you available to work weekends? Yes No
When will you be available to begin work?			Are you 17 or older? Yes No

Do you have any friends or relatives currently employed by Spooners? Yes / No Who? _____

Have you been convicted of, plead guilty to, or pleaded no contest to, a felony within the last five (5) years?* If yes, please explain Yes No
Do you have other special training or skills? Please explain.
How did you hear about our organization?

*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness and other relevant factors.

Full Time _____ Part Time _____

Days Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total hours
Available From								
To								

Education

School	Name and location	Course of Study	Years Completed	Graduate?	Degree or Diploma
High School					
College					
Other					

Please give accurate and complete employment record.
 Start with present or most recent employer, including military experience if applicable.

Employment History

1. Company Name and Mailing Address	Phone Number () -	Pay Rate:
Job Title	Name of Supervisor	Employed (Month & Year) From: To:
May we contact this employer? If no, why not? Yes No	Reason for Leaving:	
2. Company Name and Mailing Address	Phone Number () -	Pay Rate:
Job Title	Name of Supervisor	Employed (Month & Year) From: To:
May we contact this employer? If no, why not? Yes No	Reason for Leaving:	
3. Company Name and Mailing Address	Phone Number () -	Pay Rate:
Job Title	Name of Supervisor	Employed (Month & Year) From: To:
May we contact this employer? If no, why not? Yes No	Reason for Leaving:	

Conditions of Employment

Spooners Frozen Yogurt sets high standards for its associates, and compliance with these standards is a condition of employment. If you are offered a position with Spooners, you will need to carefully consider what we would require of you before you accept. As an associate, you must:

<p>Guest Service: Do everything you can to make our Guests feel important, including: Welcome Guests immediately to your work area Look for an opportunity to serve Be friendly - If you are unsure if a Guest needs help...ask Give our Guests your FULL attention Be polite and helpful in person or on the phone Be sure to end on a friendly note. Say Thank You.</p>	<p>Job Expectations: Follow our standards of professionalism, including: Arriving on time every time you are scheduled Maintaining a positive, enthusiastic attitude Treating co-workers with respect Being honest and dedicated in all our work Following company policies and procedures Following management's directions Maintaining a professional appearance</p>
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Are you willing and able to comply with all the requirements listed? Yes No

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain on an attached sheet.

<p>I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment.</p> <p>I authorize you to verify any and all information provided above. In addition, I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from liability from any damage that result from furnishing the same to you.</p>	<p>I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and Spooners Frozen Yogurt retains the same rights. No Spooners Frozen Yogurt representative has the authority to make any contrary agreement.</p> <p>I understand that the use of illegal drugs is prohibited during employment with this company and that Spooners Frozen Yogurt reserves the right to test for the presence of illegal drugs at any time. I agree to submit to drug testing, upon the request of Spooners Frozen Yogurt, to detect the use of illegal drugs at any time during my employment and understand if the test results are positive for the presence of any illegal drugs, that I will face corrective action up to and including discharge.</p>
Signature _____	Date _____

BNF, LLC

EMERGENCY CONTACT INFORMATION - Must be completed by all applicants.
 Applicants under 18 years of age must provide parent's name and phone numbers where they can be reached day or night.

Contact Name: _____ Work # _____ Home # _____ Cell # _____
 Contact Name: _____ Work # _____ Home # _____ Cell # _____