Employment Application



We are an equal opportunity employer. All applicants are considered on their own merit. We will not discriminate against a job applicant who is able to perform the essential functions of the job with or without reasonable accommodation.

Personal Information Last Name			First Name						Middle Initial					
(PRINT CLEARLY)							21			01-11-	7			
Present Street Addres	SS					(City			State	Zip			
Email Address						Hom	ne Phone			Cell Phone				
Do you have the legal right to work and be employed in the U.S.? (Proof of identity and legal authority to work in the U.S. is a condition of employment.)												1	No	
Are you at least age 18? (Proof of age and work permits may be required prior to hiring)											Yes	1	No	
Do you have a reliable means of transportation to and from work?												1	No	
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?											Yes	Ι	No	
Do you have any relatives or acquaintances employed by our company? Yes / No														
Have you ever worked for this Company before? Yes No If Yes, specify dates: From: To: Location:														
Position Applied For: Location Applied For:														
Date Available to Start:							Full-Time / Part-Time							
Dovo ond Llavar							ailable to Work			Coturday		C		
Days and Hours From:	Monda	ay	Tuesc	lay	Wednesday		Thursday	Friday		Saturday		Sunc	ay	
To:														
Education & Skills									Completed Contife	ata an Dan		a a a is sa al		
School	Name of School						Major			l Completed, Certific	ate or Deg	ree R	eceived	
High School														
College / University	College / University													
Employment His	story (Co	mplete th	e following e	ven if atta	aching a resume)		1							
Present or Most Recent Employer Name				From	,		То			Supervisor Name & Title				
Position Re				Reason	Reason for Leaving									
Description of Duties									Contact Phone					
Employer Name From						То			Supervisor Name & Title					
Position Reason for Leaving									1					
Description of Duties Cor									Conta	ct Phone				
Employer Name From				From			То		Supervisor Name & Title					
Position Reason for				for Leaving				+						
Description of Duties									Conta	ct Phone				

Please read carefully, initial each paragraph and sign below:

Initial: ______ I hereby certify that the information that I have given on this application is true and correct, to the best of my knowledge, and understand that any falsification or misrepresentation, including omission, of this or any other personnel records may result in not receiving an offer or, if I am hired, my immediate dismissal from Nubi Yogurt ("Company"). I voluntarily and knowingly authorize my present and past employers and supervisors to give information concerning me to the Company, whether or not it is on their records. I also authorize the Company to give information concerning me, whether or not it is on their records, to prospective employers in the future. Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any its agents, employees, or representatives.

Initial: ______ In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Chief Executive Officer of the Company may not alter the at-will nature of the employment relationship unless the Chief Executive Officer and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral, written, or collateral agreements regarding this issue.

Initial: ______ I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment may be conditioned on the satisfactory completion of a post-offer medical examination.

I Have Read and	Signature of Applicant	Date
I Agree to the Above		