

APPLICATION FOR EMPLOYMENT



Fresh Is Everything

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER? YES _____ NO _____			PHONE (HOME)		
EMAIL			PHONE (CELL)		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START
ARE YOU RELATED TO ANYONE CURRENTLY WORKING FOR GET FRESH? YES _____ NO _____	
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____	
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____	

AVAILABILITY

INDICATE DAYS AND TIMES OF THE WEEK WHICH YOU ARE AVAILABLE TO WORK: (PREFERENCE WILL BE DISCUSSED DURING INTERVIEW PROCESS)							
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME							
END TIME							

WORK QUALIFICATIONS

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (PROOF OF IDENTITY AND EMPLOYMENT ELIGIBILITY WILL BE REQUIRED UPON HIRE.)			YES _____ NO _____
IF EMPLOYMENT IS OFFERED, DO YOU INTEND TO HAVE ANY TYPE OF SECONDARY EMPLOYMENT OR SELF-EMPLOYMENT?			YES _____ NO _____
IF REQUIRED, WOULD YOU BE WILLING TO WORK:	OVERTIME YES _____ NO _____	HOLIDAYS YES _____ NO _____	SATURDAYS/SUNDAYS YES _____ NO _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

Who referred you to this company?

FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____	
NAME OF SUPERVISOR		PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____	
NAME OF SUPERVISOR		PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
		MAY WE CONTACT YOUR SUPERVISOR? YES _____ NO _____	
NAME OF SUPERVISOR		PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

AUTHORIZATION

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time with or without any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matter. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

SIGNATURE

DATE