

EMPLOYMENT APPLICATION
 EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
 DRUG-FREE WORKPLACE
 www.blthefruit.com/Job

1723 CONNECTICUT AVENUE NW
 SECOND FLOOR
 WASHINGTON DC 20009
 202 299 0440
 FAX 202 299 0774
 Inquiry@blthefruit.com



EMPLOYMENT APPLICATION			RECEIVED BY	
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			
Position Applied for	Social Security No.	Desired Salary or Hourly Rate		
Full-time or Part-time	Referred By	Date Available to Begin		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				

PREVIOUS EMPLOYMENT				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary \$	Ending Salary \$		
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary \$	Ending Salary \$		
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary \$	Ending Salary \$		
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

AVAILABILITY SCHEDULE (YOUR PREFERRED SHIFTS)

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

AVAILABILITY COMMENT:

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

REFERENCES (PLEASE LIST THREE PROFESSIONAL REFERENCES)

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

APPLICANT SIGNATURE AND NOTICE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that (1) false or misleading information in my application or interview may result in termination of my employment; (2) I will provide proof of legal right to work in the U.S. within two weeks of date of hire; (3) I agree to random drug testing; and (4) I agree to a background check.

Signature	Date
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