**EMPLOYMENT APPLICATION**

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|  | **PLEASE PRINT** |  |  |  |  |  | Today’s Date: |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  | *First Name* |  | *MI* |  | *Last Name* | | |  | *Preferred Name/Nickname* |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | *Street Address* |  |  |  | *City* |  | *State* |  | *Zip Code* |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  | *Phone* |  | *Alternate/ Phone* | | |  | *Email Address* | | |  |
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|  | **PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION** | | | | | | | | | | | | | | | | |  |
|  |  | | | |  |  | | |  | |  | |  |  | |  |  |  |
|  | **Are you interested in:** | | | | ☐ | Full Time | | | ☐ | | Part Time | | ☐ | Temporary | | | |  |
|  |  | | |  |  |  | | |  | |  | |  |  | |  |  |  |
|  | **What schedules would you prefer?** | | |  | ☐ | Weekdays | | | ☐ | | Weekends | | ☐ | Evenings | | ☐ | Nights |  |
|  |  | | |  |  |  | | |  | |  | |  |  | |  |  |  |
|  | **How did you hear about us?** | | |  | ☐ | Walk In | | | ☐ | | Referral  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ☐ | Advertisement  Where: | | ☐ | Other: |  |
|  |  | | |  |  |  | | |  | |  | |  |  | |  |  |  |
|  | Have you worked for this company before? | | | | ☐ | No | | ☐ | | Yes | | Dates: | | |  |  | |  |
|  |  |  | | |  |  | |  | |  | |  | | |  |  | |  |
|  | Do you know anyone who works here? | | | | ☐ | No | | ☐ | | Yes | | Name: | | |  |  | |  |
|  |  |  | | |  |  | |  | |  | |  | | |  |  | |  |
|  |  |  | | |  |  | |  | |  | |  | | |  |  | |  |
|  | **Desired Pay:** | Hourly Pay | | |  | $ | |  | | Annual Pay | | $ | | |  | $ | |  |
|  |  |  | | |  |  | |  | |  | | Minimum | | |  | Desired | |  |
|  |  |  | | |  |  | |  | |  | |  | | |  |  | |  |
|  | **When are you able to start work?** | | | | Date: | | |  | | | |  | | |  |  | |  |
|  |  |  | | |  | |  |  | |  | |  | | |  |  | |  |
|  | **Do you have reliable transportation?** | | | |  | | | | | | | | | | | | |  |
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|  | **Position desired:** | | | |  | | | | | | | | | | | | |  |
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| **PLEASE CHECK YES OR NO TO THE FOLLOWING:**     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Are you authorized to work in the United States?** |  | ☐ | Yes | ☐ | No |     Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Pure Functional Foods will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant’s identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Are you under 18 years of age?** |  | ☐ | Yes | ☐ | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Can you lift to 50lbs repeatedly?** |  | ☐ | Yes | ☐ | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Are you capable of performing the essential functions of the job, such as bending, twisting, climbing ladders, standing for 10 hours a day?** |  | ☐ | Yes | ☐ | No | |

**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | COMPANY NAME | | | YOUR POSITION and TITLE | |
| FROM   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | NO. & STREET | | | SUPERVISOR’S NAME, TITLE and POSITION | |
|  | CITY | STATE | ZIP CODE | SUPERVISOR’S TELEPHONE NUMBER | |
|  | TYPE OF BUSINESS | | | | |
| TO   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | TELEPHONE NUMBER  ( ) | | TERMINATION   |  |  | | --- | --- | |  | VOLUNTARY | |  | INVOLUNTARY | |  |  | | | REASON |
|  | BRIEFLY DESCRIBE YOUR MAJOR DUTIES | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | COMPANY NAME | | | YOUR POSITION and TITLE | |
| FROM   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | NO. & STREET | | | SUPERVISOR’S NAME, TITLE and POSITION | |
|  | CITY | STATE | ZIP CODE | SUPERVISOR’S TELEPHONE NUMBER | |
|  | TYPE OF BUSINESS | | | | |
| TO   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | TELEPHONE NUMBER  ( ) | | TERMINATION   |  |  | | --- | --- | |  | VOLUNTARY | |  | INVOLUNTARY | |  |  | | | REASON |
|  | BRIEFLY DESCRIBE YOUR MAJOR DUTIES | | | | |

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| --- | --- | --- | --- | --- | --- |
|  | COMPANY NAME | | | YOUR POSITION and TITLE | |
| FROM   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | NO. & STREET | | | SUPERVISOR’S NAME, TITLE and POSITION | |
|  | CITY | STATE | ZIP CODE | SUPERVISOR’S TELEPHONE NUMBER | |
|  | TYPE OF BUSINESS | | | | |
| TO   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | TELEPHONE NUMBER  ( ) | | TERMINATION   |  |  | | --- | --- | |  | VOLUNTARY | |  | INVOLUNTARY | |  |  | | | REASON |
|  | BRIEFLY DESCRIBE YOUR MAJOR DUTIES | | | | |

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| --- | --- | --- | --- | --- | --- |
|  | COMPANY NAME | | | YOUR POSITION and TITLE | |
| FROM   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | NO. & STREET | | | SUPERVISOR’S NAME, TITLE and POSITION | |
|  | CITY | STATE | ZIP CODE | SUPERVISOR’S TELEPHONE NUMBER | |
|  | TYPE OF BUSINESS | | | | |
| TO   |  |  |  | | --- | --- | --- | |  | / |  | | Month |  | Year | | TELEPHONE NUMBER  ( ) | | TERMINATION   |  |  | | --- | --- | |  | VOLUNTARY | |  | INVOLUNTARY | |  |  | | | REASON |
|  | BRIEFLY DESCRIBE YOUR MAJOR DUTIES | | | | |

**EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME AND ADDRESS OF SCHOOL** | **MAJOR**  **SUBJECT** | **DID YOU GRADUATE?** | **TYPE OF**  **DEGREE OR DIPLOMA** |
| HIGH SCHOOL OR PREP |  |  |  |
| COLLEGE |  |  |  |
| COLLEGE OR GRADUATE |  |  |  |
| OTHER |  |  |  |

**Personal:**

|  |  |  |
| --- | --- | --- |
| Are you a smoker? | Yes | No |
| Do you have facial piercings or piercings that cannot be removed? | Yes: Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | No |

**PROFESSIONAL LICENSES:**

|  |  |  |
| --- | --- | --- |
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |

**REFERENCES: Please list two professional references**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **COMPANY** | **PHONE/ALTERNATE PHONE** |
|  |  |  |  |
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| **PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**  I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.  My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company’s employ.  I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.  ***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be “at will” and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company’s part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***  References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **SIGNED:** |  |  |  | **DATE:** |  |  |  | |