



## Employment Application

In compliance with Federal and State equal employment opportunity laws, it is this company's intention to consider all applicants without regard to race, color, religion, sex, national origin, age, marital status, disability, the presence of non-job related medical conditions or any other protected classification.

(PLEASE PRINT CLEARLY)

Social Security # \_\_\_\_\_

Application for position as \_\_\_\_\_

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you are under the age of 22, and applying for a position that requires you to serve alcohol, please state your date of birth: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Date able to start \_\_\_\_\_ Pay Expected \_\_\_\_\_

Are you available to work full time?  Yes  No How many hours do you expect to work a week? \_\_\_\_\_  
Minimum Maximum

If not, what hours can you work? \_\_\_\_\_

**Indicate the shifts you are available to work  
 By marking an "X" in the boxes below.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lunch							
Dinner							

High school attended \_\_\_\_\_

Did you graduate?  Yes  No

College attended \_\_\_\_\_

Numbers of years completed \_\_\_\_\_

Major / Minor \_\_\_\_\_

Did you graduate?  Yes  No

Please list any special abilities or knowledge which you have that are related to the job for which you are applying. (Please do not list those items which are related to race, sex, religion, color, national origin, age, marital status, disability or non-job related medical conditions): \_\_\_\_\_

In addition to work experience described in this application, what other experiences, skills or abilities do you have that should be considered in evaluating your qualifications for this job? \_\_\_\_\_

### EMPLOYMENT EXPERIENCE (start with the most recent)

1. Name of company \_\_\_\_\_ Dates of employment \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

2. Name of company \_\_\_\_\_ Dates of employment \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

3. Name of company \_\_\_\_\_ Dates of employment \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

REFERRAL SOURCE:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Other \_\_\_\_\_

Do you have a relative working for Food Friends & Company? If so, where and what is his / her position?  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_ Years Known \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_ Years Known \_\_\_\_\_

Will you abide by the safety rules of this company?  Yes  No

Have you ever been convicted of a felony, pled guilty to a felony resulting in a conviction, or been placed on probation (except in CA) for a felony offense? In California, exclude any conviction more than 2 years old for a marijuana-related offense.  
 Yes  No

(Conviction will not necessarily disqualify an applicant for employment, but date and type of conviction may be considered for job placement.)

If Yes	Date	Nature of Conviction	Where	Disposition

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW**

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information I have furnished regarding information provided on this application, on my resume, or during my interview. I authorize any person(s) having knowledge to provide such information to the company, and release from liability and agree to hold harmless any person that furnishes such information in good faith, as allowed by applicable state and federal laws. I will agree to a drug test, if permitted by law, to be paid for by the company. Should I become involved in a claim for worker's compensation or any other litigation after employment by the company, I will allow the company to supply my employment records (as allowed by applicable state and federal laws) to an opposing party. If employed by the company, I understand that I will be an employee at will and that my employment with Food, Friends & Company or any of its subsidiaries or affiliates (collectively, "Food Friends & Company"), may be terminated at anytime by myself or Food, Friends & Company for any reason whatsoever. Should I become employed by Food Friends & Company, I also authorize Food, Friends & Company to conduct any additional background checks should they become necessary at any point during my employment. I also understand that the terms of my employment shall be based on all provisions described in the Food, Friends & Company Handbook, which may be periodically amended. Finally, I understand that this is only an application for employment and neither an offer of or a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

\_\_\_\_\_  
Date Signature of Applicant 05/05