

Application for Employment



Please Print Clearly

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position (s) applied for _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____ Phone _____

Alternate Phone/Cell _____ Social Security Number _____

Are you at least 18? Yes No If you are under 18, are you able to provide a work permit? Yes No

If no, please explain _____

Have you ever been employed by SuperFair Foods? Yes No If yes, when? _____

Are you legally eligible for employment in this country? Yes No Part time Full Time Temp

Date available to work _____ Type of employment desired: Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the past 7 years? Yes No

If yes, please explain _____
Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying

Drivers license number if driving is an essential job function _____ State _____

EMPLOYMENT HISTORY

Provide the following information for your past four (4) employers, assignments or volunteer activities starting with the most recent:

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Supervisor Title			
Reason for Leaving			
From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Supervisor Title			
Reason for Leaving			
From	To	Employer	Phone
Job Title		Address	
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Reason for Leaving			

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Supervisor Title			
Reason for Leaving			

SKILLS AND QUALIFICATIONS

Summarize any training skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: _____

EDUCATIONAL BACKGROUND (if job related)

Name and Location	Years Completed	Did you Graduate?	Course of Study
Highschool		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Name	Phone Number	Years known

I understand that if I am employed any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application, or immediate discharge from the employers service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer has the authority to make assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date Signed _____