

# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, color, religion, sex, age, national origin, or any other basis prohibited by federal, state, provincial law.

## Personal Information

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number Daytime \_\_\_\_\_ Evening \_\_\_\_\_

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

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes  No If yes, please describe conditions as an attachment.

## Employment Desired

Position applied for \_\_\_\_\_ How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you looking for full-time or part-time employment?

full-time only  part-time only  both full- or part-time

What hours are you available?

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Are you willing to work swing shift, overtime, in the evenings and weekends? (check all that applies)

swing shift  overtime  evenings  weekends

## Education

School Name and Location	Year	Graduated?	Degree
High School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Post-College _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Training _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

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**Employment History** (Start with most recent employer. Please include any non-paid/volunteer experience that is related to the job you're applying. Please complete even if you attach resume.)

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that I may be required to sign a confidentiality and/or non-compete agreement should I become an employee of Sweet Berry. I understand that filling out this form does not indicate that there is a position open and does not obligate Sweet Berry to hire me. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_