



P.O. Box 31480 Stockton, CA 95213

APPLICATION FOR EMPLOYMENT

Date _____

SOCIAL SECURITY NUMBER: _____

FIRST NAME _____ MIDDLE NAME _____ LAST _____

ADDRESS: _____ APT: _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: (____) _____ MESSAGE NUMBER: (____) _____ Are you 18 years or older Yes ___ No ___

Do you have documentation or proof to work in the U.S.? Yes ___ No ___ Referred by: _____

Name of relative or friend working for this company _____

Have you ever worked for Yosemite Foods? Yes ___ No ___ If yes, from _____ to _____ reason for leaving? _____

EMPLOYMENT DESIRED

Position: _____ date you can start _____ Salary desired _____

Employment you are seeking: Full time ___ Part time ___ Are you employed now? Yes ___ No ___

Total of hours available per week? _____ What days are you able to work? Mo ___ Tu ___ We ___ Th ___ Fr ___ Sa ___ Su ___

Do you have any restriction or obligation that would restrict you from working over time? Yes ___ No ___

MILITARY SERVICE

Dates of U.S. Military Service: From _____ to _____

EDUCATION

High School Name: _____ Address _____ City _____ State _____ Zip Code _____

College Name: _____ Address _____ City _____ State _____ Zip Code _____

Trade Schools: _____ Now enrolled? Yes ___ No ___ If so where? _____

THREE MOST RECENT JOBS

Company Name: _____ Address _____ City _____ State _____ Zip Code _____

Phone (____) _____ Position/Duties _____

Supervisor: _____ Dates worked: From _____ to _____ Salary _____

Reason for leaving? _____

Company Name: _____ Address _____ City _____ State _____ Zip Code _____

Phone (____) _____ Position/Duties _____

Supervisor: _____ Dates worked: From _____ to _____ Salary _____

Reason for leaving? _____

Company Name: _____ Address _____ City _____ State _____ Zip Code _____

Phone (____) _____ Position/Duties _____

Supervisor: _____ Dates worked: From _____ to _____ Salary _____

Reason for leaving? _____

REFERENCES

Give below the names of three persons not related to you, whom you have known for at least one year.

- 1. Name _____ Address _____ City _____ State _____ Zip Code _____
 Phone (_____) _____ Business/Occupation _____ Years known _____

- 2. Name _____ Address _____ City _____ State _____ Zip Code _____
 Phone (_____) _____ Business/Occupation _____ Years known _____

- 3. Name _____ Address _____ City _____ State _____ Zip Code _____
 Phone (_____) _____ Business/Occupation _____ Years known _____

AUTHORIZATION

Please read the following statement carefully before signing this application. Only those applications that are signed and dated are considered valid.

I certify that all answers or statements that I have made on this application or on my resume or others supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize the company to contact any of my past employers, and or schools and authorize my past employers and or schools to furnish any information concerning my previous employment and or education. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigation or the supplying of investigations. In making this application for employment I understand that I may also be required to submit to a background investigation, including credit, motor vehicle record and criminal record.

I have no objection to making application for fidelity bond or security clearance, signing an employee agreement on confidential information and inventions or taking a physical/medical examination at any time at the option and expense of the company. I understand that applicants must pass a urinalysis drug screen before employment, and consent to such a procedure at company expense. If I am a minor, I agree to obtain parental consent for the drug screen. If hired, I will be required to submit proof of my eligibility to work in the United States. I understand that my employment is at will and for no definite period of time and may be terminated at any time by the company or by me, with or without cause.

Company policy, Federal and State Law prohibit discrimination on the basis of race, color, religion, national origin, sex, age, pregnancy, marital status or physical handicap.

I have read and understand the forgoing statements and accept the same as conditions of employment.

Applicant Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

