



RITE STUFF FOODS

APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST NAME		MI
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	MESSAGE PHONE		ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER WORKED FOR RITE STUFF FOODS: <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, WHEN?	REASON FOR LEAVING?	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		WHAT SHIFTS ARE YOU AVAILABLE TO WORK? <input type="checkbox"/> DAYS <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE <input type="checkbox"/> HOLIDAYS		DATE AVAILABLE TO START:
ALL APPLICANTS WILL BE SCREENED FOR DRUG USE PRIOR TO BEING OFFERED EMPLOYMENT. YOU WILLING TO SUBMIT TO A DRUG SCREENING? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE	WHAT WAGE DO YOU DESIRE?
HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		1. FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/>	NATURE OF CRIME	WHEN AND WHERE CONVICTED
2. FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/>	NATURE OF CRIME	WHEN AND WHERE CONVICTED		DISPOSITION

EMPLOYMENT HISTORY

LAST EMPLOYER		TITLES / DUTIES		
ADDRESS				
SUPERVISOR		PAY RATE	DATES	TO
TELEPHONE		REASON FOR LEAVING		
COMMENTS OR SPECIAL SKILLS				
LAST EMPLOYER		TITLES / DUTIES		
ADDRESS				
SUPERVISOR		PAY RATE	DATES	TO
TELEPHONE		REASON FOR LEAVING		
COMMENTS OR SPECIAL SKILLS				
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SUPERVISOR		PAY RATE	DATES	TO
TELEPHONE		REASON FOR LEAVING		
COMMENTS OR SPECIAL SKILLS				

My signature on this employment application authorizes Rite Stuff Foods to investigate all statements and information given on this application and to check my professional and personal references. I authorize my present and former employers and all references to release, whether or not it is in their records, any information requested. I indemnify and hold harmless any person or entity from all liability for any damage whatsoever for issuing this information.

I understand and agree that my employment may be contingent on the successful completion of a drug and alcohol evaluation and other physical ability evaluations and I agree to undergo said evaluations upon request. If I am ever unable to perform my job duties because of a job related injury, I agree to immediately report to employer and perform modified work as assigned.

I understand and agree that falsification of information, misleading statements, misrepresentation, or omission of facts called for anywhere on this application or other employment related forms is cause of denial of employment or if employed, cause for dismissal regardless of when discovered.

Signature: _____

Date: _____

