

Employment Application



An Equal Opportunity Employer

TO APPLICANT:

Belle Foods, LLC is an Equal Opportunity Employer. We adhere to a policy of making all employment decisions without regard to race, color, sex, religion, national origin, and age, and disability, status as a disabled veteran or veteran from the Vietnam era, status, sexual orientation or citizenship.

A clear understanding of your back ground and work history will aid us in placing you in the position that best meets your qualifications. Please complete and sign your application form. Failure to sign the application will result in the application not being checked or considered further.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Hrly Rate\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Have you ever been terminated from a previous employer for cause? YES NO

If yes, explain: _____

FOR OFFICAL USE ONLY: To be completed by Store Manager

STORE # _____ Start Date: _____ Date of Birth: _____ Position: _____

Status: Full Time Part Time Hourly Rate/Salary: _____ Months of Experience: _____

Salary Hourly Store Manager Signature: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Previous Employment Continued

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I understand that this application is not intended to create, nor should it be construed to create, an express or implied contract of employment. It does not create contractual obligations of any kind. If hired, I will be employed at will; I understand that this means that either I am or the employer is free to terminate the employment relationship at any time with or without notice

I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in a refusal to hire or, if hired, may result in my dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give Belle Foods, LLC permission to contact schools, previous employers, references and others. I hereby release Belle Foods, LLC and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact. As a condition of my employment I hereby agree that if I am offered employment, I will submit to a required medical evaluation and drug tests at the expense of Belle Foods, LLC. I understand that any medical evaluation procedures are consistent with the Americans with Disabilities Act. I further understand that the purpose of the examination is to determine whether I am able to perform the essential functions of the position offered, with or without any reasonable accommodation. I understand that no representative of Belle Foods, LLC, other than the General Manager, has any authority to enter into an agreement for employment for any specified period of time. I understand that this application will remain active for a period of thirty (30) days. After that time, if I desire further consideration, I must renew my application in person.



SIGNATURE

DATE