



## APPLICATION FOR EMPLOYMENT

In reading and answering the following questions, be aware that none of the questions is intended to imply legal preferences or discrimination based upon non-job-related information. Please fill out all areas of the application completely and accurately and list required information directly on the application. **Do not write "see resume"**. **PLEASE PRINT**

<b>PERSONAL INFORMATION</b>			
Last Name	First Name	MI	
Preferred Name (i.e., Mike instead of Michael)	Email Address		
Street Address	City	State	Zip Code
Home Phone	Other Phone		
<b>EMPLOYMENT INFORMATION</b>			
Position Applying For			
Salary Desired	Date Available to Work		
Type of Position: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hours per week <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Any Shift			
Are you able to work any shift assigned to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____			
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____			
<b>EDUCATIONAL BACKGROUND</b>			
List last three (3) schools attended, starting with the most recent.			
School Name and Location (City, State)	Graduate?	Major/Area of Study	Degree/Diploma
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**EMPLOYMENT HISTORY**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Use additional sheets of paper, if necessary. Explain any gaps in employment.

Employer	Last Supervisor
City, State	
Phone	Last Job Title
Employment Dates From _____ To _____	

Reason for Leaving

List jobs held and duties performed

Employer	Last Supervisor
City, State	
Phone	Last Job Title
Employment Dates From _____ To _____	

Reason for Leaving

List jobs held and duties performed

Employer	Last Supervisor
City, State	
Phone	Last Job Title
Employment Dates From _____ To _____	

Reason for Leaving

List jobs held and duties performed

## GENERAL INFORMATION

May we contact your present employer?  yes  no

Are you 18 years of age or older?  yes  no

Do you have the legal right to work in the United States?  yes  no  
*(If hired, you will be required to provide identification to prove eligibility for employment)*

Do you have experience in, or have you ever worked in a similar industry or business before?  yes  no  
If yes, please explain (including length, position, and industry):

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Have you been employed or attended school using any other name?  yes  no  
If yes, please indicate names previously used:

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Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?  yes  no  
If yes, please explain (including length, position, and industry):

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Have you been previously interviewed by Pacific Nutritional Foods, Inc.?  yes  no  
If yes, when and for which position:

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Do you have any relatives currently working for Pacific Nutritional Foods, Inc.?  yes  no  
If yes, list name(s) and relationship to you:

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Are you able to perform the essential functions of the job as outlined in the job description or job posting with or without reasonable accommodation?  yes  no

Have you been previously employed at Pacific Nutritional Foods, Inc.? If yes, please list dates of employment:  yes  no

From \_\_\_\_\_ To \_\_\_\_\_

## SKILLS, QUALIFICATIONS, AND RELATED INFORMATION

Summarize any special training, skills, licenses, certificates, qualifications, accomplishments, awards, or other job-related information that you want us to know.

**REFERENCES**

Please list names of three (3) supervisors, managers, or others who can comment directly on your abilities and qualifications for the job for which you are applying. Do not list family members.

Name	Company
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Relationship to You	Phone
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Email Address	Years Known
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Name	Company
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Relationship to You	Phone
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Email Address	Years Known
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Name	Company
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Relationship to You	Phone
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Email Address	Years Known
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**ADDITIONAL INFORMATION**

How did you hear about this position?

Website \_\_\_\_\_  PNF Employee \_\_\_\_\_

Agency \_\_\_\_\_  Other \_\_\_\_\_

Pacific Nutritional Food, Inc. is an equal employment opportunity employer and does not discriminate on the basis of gender age, race, color, religion, national origin, mental or physical disability, marital status or military service or any legally protected classifications.

**APPLICANT STATEMENT**

*Please read carefully before signing*

I certify that all information I have provided in order to apply for and secure work with Pacific Nutritional Foods, Inc. is true, complete and correct.

I understand that any information provided by me that is found to be false, incorrect, and/or omitted (or any other accompanying or required documents), which are misrepresented in any respect, will be sufficient cause to (1) deny employment, or (2) immediate termination of employment from Pacific Nutritional Foods, Inc., whenever it is discovered, regardless of when or how discovered.

I authorize, except where noted, representatives, employees or agents of Pacific Nutritional Foods, Inc. to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions. I hereby waive any and all rights and claims I may have regarding Pacific Nutritional Foods, Inc. representatives, its agents, and employees, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I further understand that Pacific Nutritional Foods, Inc. may require additional background inquiries.

I understand that Pacific Nutritional Foods, Inc. 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 applicable local, State or Federal law. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from Pacific Nutritional Foods, Inc. and still wish to be considered for employment, or if I wish to apply for a different position at Pacific Nutritional Foods, Inc., it will be necessary to complete 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. Pacific Nutritional Foods, Inc. 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 supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements to the contrary are valid unless they are in writing and signed by the President of Pacific Nutritional Foods, Inc.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard and within the required time frames.

Pacific Nutritional Foods, Inc. is committed to providing its employees with a drug-free environment. Employment with Pacific Nutritional Foods, Inc. is contingent upon successful completion of a drug screening test with negative results. I consent to any drug screening test required by Pacific Nutritional Foods, Inc., including pre-employment and during employment in accordance with company policy.

*I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

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