



# Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PLEASE PRINT

Today's Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source (circle one):  Advertisement  Friend  Relative  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

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

List any friends or relatives currently employed here \_\_\_\_\_

Have you filed an application here previously?  Yes  No If yes, give date \_\_\_\_\_

Have you been employed here previously?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Are you eligible to work in the United States?  Yes  No (*Proof of identity and eligibility will be required upon employment*)

On what date would you be available to work? \_\_\_\_\_

Number of hours wanted weekly \_\_\_\_\_

Please list times when you are UNAVAILABLE to work. (Store Hours: 8:00 am – 8:00 pm)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have any upcoming vacations or days that you will be unavailable to work?  Yes  No

If Yes, please list dates & explain \_\_\_\_\_

\_\_\_\_\_

Can you travel if a job requires it?  Yes  No

# Employment Experience

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Start with your current or last job. Include military service assignments and volunteer activities. All information should be completed and reasons for any time lapse should be noted.

1	Employer	Dates Employed		Work Performed
		From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

2	Employer	Dates Employed		Work Performed
		From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

3	Employer	Dates Employed		Work Performed
		From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

4	Employer	Dates Employed		Work Performed
		From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

5	Employer	Dates Employed		Work Performed
		From	To	
	Telephone			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
Reason for Leaving				

For additional space, please use back.

## Special Skills

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Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc.

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Are you comfortable using computers and other related technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you use computers and other related technology?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Seldom <input type="checkbox"/> Never
Are you comfortable using Microsoft operating system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you use Microsoft operating system?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Veteran of the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list branch _____
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List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin).

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## References

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Give name, address, and telephone number of three references who are not related to you.

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## Education

	High School	College/ University	Graduate/ Professional
School Name & Location			
Years completed (circle)	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma and/or Degree			
Course of Study			

Honors Received:

Write any additional information you feel may be helpful in considering your application:

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### Applicant's Statement

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Bolthouse Merchandising Corporation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### For Human Resources Department Use Only

Arrange Interview  Yes  No Interviewed by \_\_\_\_\_

Employed?  Yes  No Date Employment Began \_\_\_\_\_

If yes, Job Title \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_