

Employment Application



Date: _____

Position Applied For: _____

Social Security Number: _____ - _____ - _____

Name: _____ Phone: _____
Last First Middle

Present Address: _____ How Long There: _____
No. & Street State Zip

Previous Address: _____ How Long There: _____
No. & Street State Zip

Availability:

Date Available for Work: _____ Employment Status: Full Time _____ Part Time _____

Salary Desired: \$ _____ per hour Shift Desired: _____

Specify any Days or Times You are NOT Available for Work: _____

Have you ever been employed by Arnie's Inc.? _____ Date Started: _____ Date Left: _____

In what Department: _____ In what Position: _____

Reason for Leaving? _____

Are you a U.S. Citizen? Yes _____ No _____ If you are **NOT** a U.S. Citizen, do you have a legal right to remain permanently in the U.S.? Yes _____ No _____
If employed, can you submit verification of your legal right to remain in the U.S.? Yes _____ No _____

Do you have a telephone at your place of residence? Yes _____ No _____

Do you have reliable transportation available to and from work? Yes _____ No _____

Education:

School Location Degrees

High School

Trade/Vocational School

College/University

Extracurricular Activities & Honors received in School

Employment Application



Employment History - List your last four employers. or all employers for the last ten years, whichever is greater. Attach additional signed sheets if necessary. Also list and explain any period(s) of unemployment. Please answer all inquiries. "See Resume" is not acceptable.

Employer's Name: _____ Dates (month and year): From: _____ To: _____
Address: _____ Street City State Zip Phone: _____
Supervisor: _____ Name Title Your Title: _____ Salary: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

Employer's Name: _____ Dates (month and year): From: _____ To: _____
Address: _____ Street City State Zip Phone: _____
Supervisor: _____ Name Title Your Title: _____ Salary: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

Employer's Name: _____ Dates (month and year): From: _____ To: _____
Address: _____ Street City State Zip Phone: _____
Supervisor: _____ Name Title Your Title: _____ Salary: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

Employer's Name: _____ Dates (month and year): From: _____ To: _____
Address: _____ Street City State Zip Phone: _____
Supervisor: _____ Name Title Your Title: _____ Salary: _____
Duties & Responsibilities: _____
Reason for Leaving: _____

Are you currently on "layoff" status and subject to recall? _____
Have you ever been discharged by an employer or resigned in lieu of discharge? _____
Have you ever been disciplined (other than discharged) by an employer? _____
If you answered yes to either of the two previous questions, explain all such incidents, giving facts, dates, describing any action you took and any resolution, on an attached signed sheet.

How much time have you missed from work in the past twelve months? _____
Do you have a valid drivers license? _____
Do you have any felony charges pending against you? Yes _____ No _____
Have you ever been convicted or pled guilty or nolo contendere to a crime? Yes _____ No _____
If you answered yes to either of the two proceeding questions, explain by giving the date, nature of the offense and circumstances in an attached signed statement. Conviction of a crime will not necessarily disqualify an applicant from employment.

Are you 18 years of age or older? Yes _____ No _____
Are you able to perform the duties of the job for which you have applied? Yes _____ No _____

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References:

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

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Address: _____
Street City State Zip

Certification:

I understand that I may be required to submit to a physical examination, which may include a drug test, prior to beginning employment and that I must satisfactorily pass such an examination to obtain employment.

I have read and fully understand the questions on this application for employment. I have completely, truthfully, and accurately answered each and every question to the best of my knowledge. I understand that all inquiries on this application are subject to verification and authorize any schools that I have attended licensing and certification boards and current and previous employers to release any requested information to Arnie's Inc.. I also specifically waive written notice from any and all former employers regarding thier disclosure to Arnie's Inc. of any prior disciplinary action and waive any claim against Arnie's Inc. and current or former employers arising from such investigation or disclosure. I understand that any misrepresentation of the information I have supplied or failed to supply result in a rejection of this application or, if I have been hired, and immediate dismissal at the sole discretion of Arnie's Inc.

I understand and agree that in the absence of an express written contract or agreement to the contrary, signed by an authorized represenative of Arnie's Inc. and by me or my authorized represenative, any employment I accept shall be for an indefinite term and may be terminated at any time with or without cause either by me or at the willand sole discretion of Arnie's Inc. regardless of any contrary provisions in any other forms, manuals, handbooks, or other documents. Similarly, such employment shall be at the wages, benefits, hours and conditions as Arnie's Inc. may determine and change from time to time and I agree to abide by any rules, regulations, policies and procedures that may be established from time to time. I understand that no one, other than an authorized representative of Arnie's Inc. has any authority to enter an agreement with me contrary to the provisions of this paragraph and that any such agreement must be in writing and signed by such authorized represenative or it shall not be effective.

It is with full understanding and agreement with the provisions of this Certification that I will accept any employment offered to me.

Signature of Applicant _____

Date _____

Please complete FORM I on back of this application

For Office use only

Date Interviewed _____ Drug Screen _____

Date Hired _____ Employee # _____

First Day Worked _____ Job (Dept.) _____

Pay Rate _____

Preventing Transmission of Diseases through Food by Infected Food
Employees with Emphasis on illness due to *Salmonella* Typhi, *Shigella* spp.,
Escherichia coli O157:H7, and Hepatitis A Virus

The purpose of this form is to ensure that Applicants to whom a conditional offer of employment has been made and Food Employees advise the Person in Charge of past and current conditions described so that the Person in Charge can take appropriate steps to preclude the transmission of food borne illness.

Applicant or Employee name (print): _____

Address: _____

Telephone: Daytime: _____ Evening: _____

TODAY:

Are you suffering from any of the following:

1. Symptoms

- | | | |
|-------------------------|------------|-----------|
| Diarrhea? | Yes | No |
| Fever? | Yes | No |
| Vomiting? | Yes | No |
| Jaundice? | Yes | No |
| Sore throat with fever? | Yes | No |

2. Lesions containing pus on the hand, wrist or an exposed body part? **Yes** **No**
(such as boils and infected wounds, however small)

PAST:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 infection (*E. coli* O157:H7), or hepatitis A (hepatitis A virus)? **Yes** **No**

If you have, what was the date of the diagnosis? _____

HIGH-RISK CONDITIONS

- Have you been exposed to or suspected of causing of a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A? **Yes** **No**
- Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, hepatitis A, or illness due to *E. coli* O157:H7? **Yes** **No**
- Do you have a household member attending or working in a setting where there is a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A? **Yes** **No**

Name, Address, and Telephone Number of your Doctor:

Name _____

Address _____

Telephone: Daytime: _____ Evening: _____

Signature of Applicant or Food Employee _____

Signature of Permit Holder's Representative _____