



Application For Employment

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all jobs without regard to race, color, religion, gender, national origin, age, sexual orientation, gender identity, transgender status, gender dysphoria, predisposing genetic predisposition characteristics or carrier status, disability, marital or family status, pregnancy, veteran status, arrest or conviction record, domestic violence victim status or any other legally protected class or status. Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ())	
	Street Address		City	State Zip Code
	Email Address:			
	Position Applied For		Salary or Hourly Wage Desired \$	
	How Did You Hear About This Position? <input type="checkbox"/> Website <input type="checkbox"/> Job Posting <input type="checkbox"/> Job Fair <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral (Name) _____			
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Holidays (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Varying Shifts			Date Available to Begin Work
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will you be attending college this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you travel if required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have any events or vacations scheduled within the next 3 months? If so, list dates:			
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with our company? If yes, give month and year _____ / _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our company before? If yes, give dates. From _____ / _____ / _____ to _____ / _____ / _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Did you Graduate?	Diploma or Degree Obtained	GPA
	High School				() Yes () No		
	College				() Yes () No		
	Dates Attended	From	To				
	Other				() Yes () No		

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:	List any certificates, licenses, or professional achievements that would support your qualifications for employment:
	Drivers' License Identification Number: _____ State of Issuance: _____ (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.				
Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year)				
From / to / -				
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving			May we contact this employer? Yes	
			No	

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Address	Street	City	State	Zip Code
Employment Dates (Month/Year)				
From / to / -				
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving			May we contact this employer? Yes	
			No	

Name of Employer		Telephone Number ()		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year)				
From / to / -				
Job Title of Position(s)		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving			May we contact this employer? Yes	
			No	

REFERENCES List three references other than relatives or former supervisors			
Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I further authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

The company is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment may be withdrawn.

If employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____

PRODUCTION POSITIONS AT ALL SEASONINGS GENERALLY REQUIRE LONG HOURS OF STANDING (4-12 HOURS DEPENDING ON SHIFT), LIFTING UP TO 45LBS, SQUATTING, BENDING, TWISTING, REACHING, PULLING AND STRONG AROMAS TO SPICES.

DUE TO THE WORK ENVIRONMENT EMPLOYMENT AT ALL SEASONINGS INGREDIENTS REQUIRES APPLICANT TO BE FREE OF FOOD ALLERGIES.