



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name: LAST		FIRST		MIDDLE	
Present Address		City	State		Zip Code
Permanent Address (if different from above)		City	State		Zip Code
Home Phone No.:	Alternate Phone No.:	How referred: <input type="checkbox"/> Employee <input type="checkbox"/> Ad <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency		Do you own a valid driver's license? Yes No	
Position desired: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Co-op <input type="checkbox"/> Summer		Date Available:		Salary desired:	
Can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number of current employer:
Have you previously applied to our company? <input type="checkbox"/> Yes <input type="checkbox"/> No	When and Where?		Are you able to perform essential functions for the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you submit verification of eligibility to work in the U.S? (I-9) <input type="checkbox"/> Yes <input type="checkbox"/> No		Do any of your relatives work for our company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a criminal offense? Answering yes will not automatically disqualify you from consideration <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide details.		

EDUCATION

NAME AND LOCATION OF SCHOOL	Number of years attended	Did you graduate?		Subjects Studied
		YES	NO	
High School				
College				
Trade, business or correspondence school				

GENERAL

Subjects of special study/research work or special training/skills you believe are relevant to type of employment you are seeking. List any current licenses and in which state it was issued.

FOREIGN LANGUAGES

Please list any languages you speak.

Speak
Read
Write

U.S. MILITARY SERVICE

Branch of Service	Classification of Discharge	Last Rank	Dates of Service

FORMER EMPLOYERS

Include either your last (4) employers or your last (7) years of employment history starting with most recent. A resume may be attached.

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING	COMPENSATION	
From			Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	Beginning	
To				Ending	
From			Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	Beginning	
To				Ending	
From			Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	Beginning	
To				Ending	
From			Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>	Beginning	
To				Ending	

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, list dates and circumstances:

REFERENCES

Give the names of (3) three persons not related to you, whom you have known at least 3 years.

Name	Address and Phone Number	Email	Company/Relationship	Years Acquainted

Authorization and Acknowledgements

Riba Foods, Inc. is an equal opportunity employer and does not discriminate in hiring on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service. No question on this form is intended to secure information to be used for such discrimination. If I need special assistance or accommodation to participate in the application process i.e. taking a pre-employment test or participate in any other requirement, I will contact the hiring

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that my employment is At-Will, which means either the Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Riba Foods, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks and if offered employment I will have to authorize the Company to perform criminal or consumer background checks on me. If any information I have provided is untrue or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate termination of employment.

I understand that employment is contingent upon satisfactory completion of the company pre-employment process which may include a company paid job related physical examination, drug screen, background check, and the timely submission of documents, to prove my legal right to work in the United States.

Candidate's Signature

Date

This application is valid for 60 days from the date signed and dated above. Applicants for full-time driving position must also complete Supplemental Application for Drivers Only.

If hired: Original to Corporate Employee File; Copy to Supervisor's Employee File