

APPLICATION FOR EMPLOYMENT

Please PRINT all information on application using non-erasable blue or black ink. Upon completion of application, please check to ensure all questions have been correctly and properly answered.

Position applying for: _____ **Date:** _____

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First Middle </div>
Current Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Street Apt. # </div>
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Cell: () _____
Social Security Number: _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____

If yes, when _____

Have you ever worked for this company before? Yes _____ No _____

If yes, when _____ In what position? _____

Are you currently working with a supplemental staffing agency? Yes _____ No _____

If yes, which one(s): _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

EDUCATION BACKGROUND				
	School Name and Address	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
College				
Graduate/ Professional				

Please list any additional training and/or experience: _____

Please list any job-related military training: _____

Please list memberships in professional, civic, or business organizations: _____

EMPLOYMENT EXPERIENCE & HISTORY

Please list most recent or present job first. Also include any military service and volunteer activities. An explanation must be provided for any breaks in employment. **Please use additional sheet if necessary.**

Employer _____ Supervisor _____	
Address _____ Phone _____	
City _____ State _____	Start Date _____ End Date _____
Position/Duties _____	Reason for Leaving _____
_____	May we contact this employer? YES ___ NO ___

Employer _____ Supervisor _____	
Address _____ Phone _____	
City _____ State _____	Start Date _____ End Date _____
Position/Duties _____	Reason for Leaving _____
_____	May we contact this employer? YES ___ NO ___

Employer _____ Supervisor _____	
Address _____ Phone _____	
City _____ State _____	Start Date _____ End Date _____
Position/Duties _____	Reason for Leaving _____
_____	May we contact this employer? YES ___ NO ___

Employer _____ Supervisor _____	
Address _____ Phone _____	
City _____ State _____	Start Date _____ End Date _____
Position/Duties _____	Reason for Leaving _____
_____	May we contact this employer? YES ___ NO ___

Employer _____ Supervisor _____	
Address _____ Phone _____	
City _____ State _____	Start Date _____ End Date _____
Position/Duties _____	Reason for Leaving _____
_____	May we contact this employer? YES ___ NO ___

PROFESSIONAL REFERENCES

Please provide a list of professional references. Friends and family members may not be used.

<i>Name</i>	<i>Address</i>	<i>Phone</i>	<i>Occupation</i>	<i>Years Known</i>
1.				
2.				
3.				
4.				

I certify that all answers given in this application are true. I give permission for Edible Arrangements to verify any and all information contained in this application. I understand that misleading or falsification of any information may be ground for immediate termination.

As prohibited by federal law, Edible Arrangements does not discriminate in employment on the basis of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination, as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

Applicant's Signature _____ Date _____

Interviewer's Signature _____ Date _____