



P.O. Box 31480 Stockton, CA 95213

# APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ MESSAGE NUMBER: (\_\_\_\_) \_\_\_\_\_ Are you 18 years or older Yes \_\_\_ No \_\_\_

Do you have documentation or proof to work in the U.S.? Yes \_\_\_ No \_\_\_ Referred by: \_\_\_\_\_

Name of relative or friend working for this company \_\_\_\_\_

Have you ever worked for Yosemite Foods? Yes \_\_\_ No \_\_\_ If yes, from \_\_\_\_\_ to \_\_\_\_\_ reason for leaving? \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Employment you are seeking: Full time \_\_\_ Part time \_\_\_ Are you employed now? Yes \_\_\_ No \_\_\_

Total of hours available per week? \_\_\_\_\_ What days are you able to work? Mo \_\_\_ Tu \_\_\_ We \_\_\_ Th \_\_\_ Fr \_\_\_ Sa \_\_\_ Su \_\_\_

Do you have any restriction or obligation that would restrict you from working over time? Yes \_\_\_ No \_\_\_

### MILITARY SERVICE

Dates of U.S. Military Service: From \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION

High School Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

College Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Trade Schools: \_\_\_\_\_ Now enrolled? Yes \_\_\_ No \_\_\_ If so where? \_\_\_\_\_

### THREE MOST RECENT JOBS

Company Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Company Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Company Name: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Position/Duties \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ to \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**REFERENCES**

Give below the names of three persons not related to you, whom you have known for at least one year.

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Business/Occupation \_\_\_\_\_ Years known \_\_\_\_\_
  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Business/Occupation \_\_\_\_\_ Years known \_\_\_\_\_
  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Business/Occupation \_\_\_\_\_ Years known \_\_\_\_\_

**AUTHORIZATION**

Please read the following statement carefully before signing this application. Only those applications that are signed and dated are considered valid.

I certify that all answers or statements that I have made on this application or on my resume or others supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize the company to contact any of my past employers, and or schools and authorize my past employers and or schools to furnish any information concerning my previous employment and or education. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigation or the supplying of investigations. In making this application for employment I understand that I may also be required to submit to a background investigation, including credit, motor vehicle record and criminal record.

I have no objection to making application for fidelity bond or security clearance, signing an employee agreement on confidential information and inventions or taking a physical/medical examination at any time at the option and expense of the company. I understand that applicants must pass a urinalysis drug screen before employment, and consent to such a procedure at company expense. If I am a minor, I agree to obtain parental consent for the drug screen. If hired, I will be required to submit proof of my eligibility to work in the United States. I understand that my employment is at will and for no definite period of time and may be terminated at any time by the company or by me, with or without cause.

Company policy, Federal and State Law prohibit discrimination on the basis of race, color, religion, national origin, sex, age, pregnancy, marital status or physical handicap.

I have read and understand the forgoing statements and accept the same as conditions of employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

REMARKS:  
\_\_\_\_\_  
\_\_\_\_\_