Riverside Foods Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS					
PLEASE COMPLETE F	PAGES 1-5.		DATE _		
Name					
	Last	First	Middle		Maiden
Present address	Number	Street	City State	Zip	
How long				•	
Telephone ()		00	olal Occurry 140.		
· ·					
if under 18, please list a	ige				
Position applied for (1))		Days/hours av		
)		Mon	Thur Fri	
(Be specific)	,		Tue	Sat	
			vved	Sun	
How many hours can yo	ou work weekly?		Can you work	nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY 📮	FULL- OR PART	-TIME
When available for work	·?				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER	R OF YEARS	MAJOR &
		(Complete mailing address)	COM	PLETED	DEGREE
High School		address)			
-					
College					
Bus. or Trade School					
D (: 10 1					
Professional School					
			1		L
HAVE YOU EVER BEEN CONVICTED OF A CRIME? □ No □ Yes					
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were					
committed, sentence(s)	committed, sentence(s) imposed, and type(s) of rehabilitation.				

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?	☐ Yes ☐ No	
What is your means of transportation to work	</td <td></td>	
Driver's license		
number	State of issue _	Operator
Expiration date	_	
Please list two references other than relative	s or previous empl	oyers.
Name		Name
Position		Position
Company		Company
Address		Address
Telephone ()		Telephone ()
relephone ()		relephone ()
		al to adequately summarize a complete background. Use the y to describe your full qualifications for the specific position for
which you are applying.		, 10 0000.00 , 00. 14 4

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APPLICATION FOR EMPLOYMENT

MILITARY				
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	□ Yes □	No		
Specialty Date E		Discharge Date		
Work Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	Your last job title			
Reason for leaving (be specific)	-1			
company.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
There named		То	Final	
	Your Last Job Title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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Work

APPLICATION FOR EMPLOYMENT

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City, State, Zip Code Phone number					From	Start
Thore number					То	Final
				Your last job title		
Reason for leaving (be	specific)					
List the jobs you held, d company.	uties performed, ski	ills used o	r learned,	advancements or pr	omotions while you wo	rked at this
						Τ
Name of employer Address				Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number					From	Start
					То	Final
				Your last job title		
Reason for leaving (be	specific)					
List the jobs you held, d company.	uties performed, ski	ills used o	r learned,	advancements or pr	omotions while you wo	rked at this
May we contact your pro	pplication yourself	□ Yes	□ No			
If not, who did?						

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Riverside Foods (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Riverside Foods, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Riverside Foods may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy, if so chosen to be exercised by Riverside Foods. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:		

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.