



EMPLOYMENT APPLICATION
Equal Opportunity Employer

HUMAN RESOURCES ONLY

Effective Date: _____

Status: Full-time Part-time
 New Hire Rehire

Rate of Pay _____ Position # _____ Dept. _____
Job Title _____ Approved _____

GENERAL INFORMATION

Name Last _____ First _____ Date of application: _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Social Security Number _____

Position(s) applied for: _____ Date available: _____
Are you interested in: Full-time Part-time Seasonal

Would you be willing to work:

- Days
 Nights
 Weekends

Days & Hours Available	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
From							
To							

How were you referred to CTI Foods? Friends Relative School Walk-In Internet Rehire

Employee Name _____ Radio/TV Station _____
 Newspaper Name _____ Other _____

Have you ever worked for:

- CTI Foods
 Liguria Foods
 Yes No

If yes, dates and position _____

Do you know anyone currently employed at CTI Foods? Yes No

If yes, who? _____

Are you at least 18? Yes No

Can you, after an offer of employment, submit verification of your legal right to work in the United States? Yes No

US MILITARY SERVICE

Branch of US Service _____ Special Training _____

Duties _____

EDUCATION

Circle highest grade completed: High School (9 10 11 12) College (1 2 3 4) Graduate School (MA/MS/MBA PhD)

Name & Location	Major	Graduate?	Degree
High School			
Jr. College/College			
Graduate School			

Apprentice, Professional or Vocational Training _____

Are you presently enrolled in school? Yes No

Honors or Awards, Leadership Positions Held _____

WORK EXPERIENCE WITHIN LAST 7 YEARS
(Attach additional sheet if necessary)

From Month/Year	To Month/Year	Company Name	Title	Starting \$	Reason for Leaving	
		Street	Duties			
		City State				Final \$
		Supervisor's Name/Title	Phone Number			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Why not?				
From Month/Year	To Month/Year	Company Name	Title	Starting \$	Reason for Leaving	
		Street	Duties			
		City State				Final \$
		Supervisor's Name/Title	Phone Number			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Why not?				
From Month/Year	To Month/Year	Company Name	Title	Starting \$	Reason for Leaving	
		Street	Duties			
		City State				Final \$
		Supervisor's Name/Title	Phone Number			
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Why not?				

Special Skills _____

Identify & explain all periods of unemployment within the last seven years. (Attach additional sheet if necessary.)

CERTIFICATION

My signature below certifies that I have read, understand and agree to the following:

Verification of Data: I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification or distortion of this information or a material omission may result in denial of an offer or my immediate termination.

“At-Will” Agreement: If I am hired, I agree to conform to CTI Food’s policies, rules and regulations. I understand that I will be an “At-Will” employee. This means that my employment is at will and can be terminated at any time with or without cause and with or without notice at my option or the company’s option. I further understand and agree that this at will employment relationship will remain in effect throughout my employment unless it is modified by a specific, express written employment contract signed by the President of the Company and me which specifically states it is changing my at will status. This is an integrated agreement with respect to the at will employment relationship and may not be modified by any oral or implied agreement.

Background Checks: Employment with CTI Foods may be contingent upon successful completion of a background check which may include, but is not limited to, credit, criminal, DMV, previous employment, education and personal references.

Physical Examination: Employment with CTI Foods may be contingent upon successful completion of a pre-employment physical examination which may include a blood, urine and/or other medical test for alcohol, drugs and controlled substances. I further understand and agree the Company may require me to submit to a drug and alcohol screen after I am employed. Prior to testing, I agree to sign the company’s authorization forms wherein I will agree to submit to such testing and to authorize the release of the results to CTI Foods.

Release: I authorize the schools and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date