



Fresh. Fast. Flavorful!

## Employment Application

Crispers LLC is an Equal Opportunity Employer and is committed to a diverse workforce. We consider and enable application for all positions without regard to race, religion, gender, national origin, age, family status, veteran status, disability or any other legally protected status.

Failure to complete this application properly and in its entirety will result in this application not being processed. False, misleading, or material omission of information in the employment application, resume, or interview(s) may result in denial of an offer, or termination of employment, if hired.

**(PLEASE PRINT)**

Name:	LAST	FIRST	MIDDLE	Social Security Number
Address: Street & Number	City	County	State	Zip
				Home & Cell Phone ( ) - ( ) -
Previous Address (if less than 1 year): Street & Number	City	County	State	Zip
				Phone ( ) -
Position Applied For:	FULL TIME ___ PART TIME ___			Date you can start:
Are you 18 or older? YES ___ NO ___ If under 18 years of age, please state your age _____ <i>(Proof of eligibility required before starting employment)</i>	Are you eligible for employment in the United States? YES ___ NO ___ <i>(Proof of eligibility required before starting employment)</i>			
Have you ever been convicted of or pled no contest to a crime? YES ___ NO ___ If Yes, Please Explain: <i>(Conviction does not disqualify an applicant unless it relates to the duties of the position. Factors such as age at time of offense, severity and nature of violation, and rehabilitation will be taken into account.)</i>				

**PRIOR EMPLOYMENT INFORMATION**

**(Please start with most recent experience, including any prior employment with Crispers)**

Employer	Job Duties (in detail)	Dates of Employment	Pay Start   End		Reason for Leaving (in detail)
Co. Name: Address: City/State/Zip Phone ( ) Supervisor Name:	Position/Job Title:  Job Duties (in detail):	Start Date: ____/____ (month/year)  End Date: ____/____ (month/year)			Did you leave voluntarily? ___ Yes ___ No. If no, list reason given by employer.  May we contact your employer? ___ Yes ___ No
Co. Name: Address: City/State/Zip Phone ( ) Supervisor Name:	Position/Job Title:  Job Duties (in detail):	Start Date: ____/____ (month/year)  End Date: ____/____ (month/year)			Did you leave voluntarily? ___ Yes ___ No. If no, list reason given by employer.  May we contact your employer? ___ Yes ___ No
Co. Name: Address: City/State/Zip Phone ( ) Supervisor Name:	Position/Job Title:  Job Duties (in detail):	Start Date: ____/____ (month/year)  End Date: ____/____ (month/year)			Did you leave voluntarily? ___ Yes ___ No. If no, list reason given by employer.  May we contact your employer? ___ Yes ___ No

**EDUCATION AND TRAINING**

List Any Education, Training or Courses That Support Your Qualifications for this Position	Highest Grade Completed	Did you Graduate?	Subjects Studied – List any Degree(s) or Certification Received
High School Name and Address:			N/A
University/College and Address:			
Other Education/Training/ Certification and Address:			

**AVAILABILITY**

**Fill in the hours you would be available to work on each day of the week in this table. Please indicate a.m. or p.m. and write N/A if you will not be available to work that day. Do not leave any boxes blank.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>From</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>Until</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

What is the total number of hours would like to work each week? \_\_\_\_\_ If hired, what date are you available to start work? \_\_\_\_\_

Have you ever worked at Crispers? YES \_\_\_\_ NO \_\_\_\_ If yes, please list dates and location: \_\_\_\_\_

Do you have reliable means of getting to work? YES \_\_\_\_ NO \_\_\_\_ Are you available to work overtime if necessary? \_\_\_\_YES \_\_\_\_NO

Please list all languages you are proficient in: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Applications are kept in our active file for 30 days. You may submit a new application for a position at any time.**

**STATEMENT OF AFFIRMATION & AUTHORIZATION FOR RELEASE OF INFORMATION**

**I acknowledge** that the information I have supplied is correct to the best of my knowledge, and understand that any misrepresentations or omissions of fact may be grounds for rejection of my application or later dismissal, if hired.

**I hereby consent and authorize** an investigation of my past and/or present employment or any other matters relative to consideration of employment. I also authorize credit, criminal conviction and driving record inquiries, or any other employment related inquiries in compliance with applicable law including, but not limited to, the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, *et seq.* I understand that the employment decision and my continued employment will be subject to the results of these inquiries.

**I hereby waive** any and all written notice of disclosure that may be required by applicable local, state or federal laws of my past and/or present employer(s), individuals or institutions. In exchange for the consideration of my employment application, **I hereby release** and forever discharge the company (including its directors, officers, employees, its agents, contractors and subcontractors) and my past and/or present employers (their directors, officers, employees, its agents) from any liabilities which may result form an investigation of my past and/or present employment or from the disclosure of any information.

**I understand** that as an employee, (should I be hired), that I may occasionally be required to submit to such drug and alcohol testing as may be permitted under state or federal law. I further understand that refusal to submit to such drug and alcohol tests as are permitted by law, or the positive testing for prohibited drugs or alcohol in accordance with standards established by either state or federal law, may result in immediate suspension or discharge.

**If employed, I agree** to conform to the rules and regulations of the Company.

**I have read in full and understand** the above, and agree that a reproduced copy of this affirmation and authorization will be as valid as the original.

**I acknowledge and agree** that if any time I am subjected to any type of discrimination and/or harassment, I will contact the Human Resources Department immediately to obtain assistance in the resolution such maters.

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_