

Personal Information

Employment Application for Flavorseal, LLC

Flavorseal is an equal opportunity employer and does not discriminate otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. This application is good fo 60 days. Consideration for employment after 60 days will require a new application.

Name:												•
	Name:Social Security Number:											
Address: _	-irst	MI La	ast			_ City:			State:	Zip: _		_
Phone (hor	ne):					(Mobile):						_
		to this position								Job Ag	ency	_
Do you hav	e a friend or	relative that w	orks	for u	us?	If so, who?				· · · · · · · · · · · · · · · · · · ·		_
Date availa	ble to start:					Are you ove	r 18 ye	ars of	age?	⁄es	No	
(Applicant,	please note	nvicted of a vio that a convictions, please expla	n of	a cr	ime	is not an au	tomatic	bar to	employm	ent Al		No stance –
Have you a	pplied to wo	rk with us befo	re?	,	Yes	No If	Yes, w	hen?				
Are you will Yes		an irregular sch If no, please e										essary -
Do you hav	e access to	adequate trans	port	ation	to t	ravel to and	from w	ork?	Yes	No		-
If presently		oyed? Yes why are you co								Yes	No 	
Education	ī											
High Schoo	ol Name:											
Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	·	d (check one) 1				·			G.E.D.:	Yes	No	
College Na	me:											_
Address:	re Complete	d (check one) 1	2	2		Degree:	Yes	No				-

Other (specify): No. of Years Completed (check one) 1 2 3 4 Degree: Yes No Certificate: Yes No **Employment History** List employment history beginning with the most recent employer first. Please use the back side of this form for additional history if needed. Be as accurate as possible. Please explain any gaps in employment. Dates of Employment: Employer's Name: Employer's Complete Address: ____ Employer's Phone Number: _____ Immediate Supervisor: _____ Position(s) Held: _____ Final Salary: ____ Reason for Leaving: Employer's Name: _____ Dates of Employment: _____ Employer's Complete Address: Employer's Phone Number: _____ Immediate Supervisor: _____ Position(s) Held: _____ Final Salary: ____ Reason for Leaving: Job Duties: Dates of Employment: Employer's Name: Employer's Complete Address: Employer's Phone Number: _____ Immediate Supervisor: _____ Position(s) Held: _____ Final Salary: ____ Reason for Leaving: _____ Job Duties: Military Service Branch: _____ Highest Rank Achieved: _____ Dates of Service: _____ Duties: _____

Education continued

Personal References Give 3 individuals - not employers or relative	es.								
1. Name:	Occupation:								
Phone Number:	Years Known:								
2. Name:	Occupation:								
Phone Number:	Years Known:								
3. Name:	Occupation:								
Phone Number:	Years Known:								
Skills List equipment you can operate. Include office equipment (computer, printer, fax, etc.) and/or manufacturing equipment (tow motor, forklift, lathes, other machinery, etc.).									
Production and Shipping/Receiving employees may be required to move material. Are you able and willing to lift up to 50 pounds on a regular basis? Yes No. If no, please explain:									
Certification & Authorization – Please read thoroughly									
I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Flavorseal, LLC to verify their accuracy through the obtaining of a consumer report/investigative consumer report. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.									
I hereby release Flavorseal, LLC from any/a from obtaining and having an employment of	all liability of whatever kind and nature which, at ar decision based on such information.	ny time, could result							
I understand that, if employed, falsified state shall be considered sufficient basis for dism	ements of any kind or omissions of facts called for issal.	on this application							
I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.									

Date

Signature of Applicant