



**APPLICATION FOR EMPLOYMENT**

My Fresh Basket  
1030 W. Summit Parkway  
Spokane, WA 99201  
(509) 558-2100

*For this application to be considered, each item MUST be completed.*

(Please Print)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

PRESENT PHYSICAL ADDRESS: \_\_\_\_\_

(Street) (City) (State) (Zip)  
TELEPHONE: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**A. EMPLOYMENT DESIRED:**

I am applying for the position of: \_\_\_\_\_

1. Employment Desired: Regular  Temporary  Part-Time  Full-Time   
*If Seeking Temporary Employment only, when would you expect to terminate:* \_\_\_\_\_  
Date you can start: \_\_\_\_\_ Salary or Wage desired: \_\_\_\_\_
2. Are you willing to accept odd or rotating shift hours? Yes  No
3. Are you employed now? Yes  No   
If yes, may we make inquiries of your present employer? Yes  No

**B. PERSONAL DATA:**

1. Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_
2. U.S. Military Service: Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

**C. EDUCATIONAL AND TRAINING BACKGROUND**

1. Circle the highest grade completed:  
Grade 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4
2. Name of High School: \_\_\_\_\_ Did you graduate? Yes  No   
Name of College: \_\_\_\_\_ Did you graduate? Yes  No   
College Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
Graduate Work: \_\_\_\_\_
3. Apprentice or Trade School Training: \_\_\_\_\_
4. Certificates/Permits:  
Cardiopulmonary Resuscitation (CPR), Date \_\_\_\_\_  
First Aid Training, Date \_\_\_\_\_  
Food Worker Card, Expiration Date \_\_\_\_\_  
MAST Permit, Expiration Date \_\_\_\_\_

**D. WORK EXPERIENCE**

1. Have you applied or worked for this Company previously? Yes  No   
If yes, Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_

2. Other employment:

Please list employers, most recent or current first:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Wage/Salary: \_\_\_\_\_ Duties/Responsibilities: \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_  
For each year of employment with this employer how many days from work did you miss? \_\_\_\_\_

Next previous:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Wage/Salary: \_\_\_\_\_ Duties/Responsibilities: \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_  
For each year of employment with this employer how many days from work did you miss? \_\_\_\_\_

Next previous:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Wage/Salary: \_\_\_\_\_ Duties/Responsibilities: \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for leaving: \_\_\_\_\_  
For each year of employment with this employer how many days from work did you miss? \_\_\_\_\_

**E. PAST EXPERIENCE:**

In addition to the positions defined above, I have the following skills, licenses, and/or permits:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**F. REFERENCES:**

List three personal and/or professional references (excluding relatives):

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone #</u>

**PLEASE REVIEW THIS FORM AND MAKE SURE THAT YOU ANSWERED EACH ITEM**

I authorize investigation of all statements contained in this application. If employed, I understand that misrepresentation or omission of facts called for is cause for immediate dismissal.

**If employment is offered, I understand that it is a conditional offer pending a pre-employment drug test and a criminal background check.** I agree to conform to the rules of this company, and hereby acknowledge that my employment with the company can be terminated at any time, with or without cause, at the option of either the company or myself. I understand and acknowledge that nothing contained in any employee handbook or policy statement received by me at the commencement of my employment if hired, nullifies or modifies the preceding statement.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**\*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.\***