

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	e Print) Date/	Date/			
NAME	E: Social Security No	_			
	SENT PHYSICAL ADDRESS:	_			
TELE	(Street) (City) (State) (Zip) PHONE: (Day) (Evening)				
EMAIL:					
	MPLOYMENT DESIRED: Im applying for the position of:				
2.	 Employment Desired: Regular				
 B. PERSONAL DATA: Are you at least 18 years of age? Yes No U.S. Military Service: Branch: Dates: Have you ever been convicted of any crime for which you were fined \$100 or more and/or confined in jail for more than one day within the past seven years? (NOTE: A conviction record will not necessarily disqualify an applicant from employment.) Yes No If yes, please describe: 					
 1. 2. 3. 	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 Name of High School: Name of College: College Major: Graduate Work: Apprentice or Trade School Training: Certificates/Permits: Cardiopulmonary Resuscitation (CPR), Date First Aid Training, Date Food Worker Card, Expiration Date MAST Permit, Expiration Date				

D.	D. WORK EXPERIENCE					
	 Have you applied or worked for this Company previously? Yes ☐ No ☐ 					
	If yes, Dates/ to/ Position:					
	2. Other employment:					
PΙ	lease list employers, most recent or o	current first:				
	Employer:	Telephone: _				
	Street:	City:	State:			
	Wage/Salary: Duties/R	esponsibilities:				
	From/ to/	/ Reason for leaving:				
	For each year of employment with	 this emplover how many davs	from work did vou miss?			
Ne	ext previous:	, ,				
		Telephone:				
	Employer: Street:	City:	State:			
	Wage/Salary: Duties/R	esponsibilities:				
	From/ to/					
	For each year of employment with					
NIc	ext previous:	and employer new marry days	mont work and you miles:			
INC	•	Telephone:				
	Employer: Street:	releptione	State:			
	Wage/Salary: Duties/R	Oity	State			
	From/ to/	/ Posson for looving:				
	For each year of employment with					
	1		ills, licenses, and/or permits:			
F.	REFERENCES: List three personal and/or professional references (excluding relatives):					
	Name Add	ress Occupa	ation Telephone #			
	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:					
	FF 55575 5					

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.