



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.