# Employment Application

## APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Last Name | First | M.I. | Birthdate: |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Social Security No. | Driver's License (Incl state) | Date Available for Work | |
| Position Applied for | | | |

| | | | | | |
|---|---|---|---|---|---|
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |
| Have you ever worked for this company? | YES | NO | If so, when? | | |
| Have you ever been convicted of a felony? | YES | NO | If yes, explain | | |
| Are you 18 years of age or older? | YES | NO | If NO, what is your current age? | | |

## EDUCATION

| | | | | | |
|---|---|---|---|---|---|
| High School | | | Address | | |
| From | To | Did you graduate? | YES | NO | Degree |
| College | | | Address | | |
| From | To | Did you graduate? | YES | NO | Degree |
| Other | | | Address | | |
| From | To | Did you graduate? | YES | NO | Degree |

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

## REFERENCES

*Please list three professional references.*

| | |
|---|---|
| Full Name | Relationship |
| Company | Phone ( ) |
| Address | |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address | |
| Full Name | Relationship |
| Company | Phone ( ) |
| Address | |

## PREVIOUS EMPLOYMENT

| | | |
|---|---|---|
| Company | Phone ( ) | |
| Address | Supervisor | |
| Job Title | Starting Salary $ | Ending Salary $ |
| Responsibilities | | |
| From To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES NO | | |
| Company | Phone ( ) | |
| Address | Supervisor | |
| Job Title | Starting Salary $ | Ending Salary $ |
| Responsibilities | | |
| From To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES NO | | |
| Company | Phone ( ) | |
| Address | Supervisor | |
| Job Title | Starting Salary $ | Ending Salary $ |
| Responsibilities | | |
| From To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES NO | | |

## MILITARY SERVICE

| | |
|---|---|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

## DISCLAIMER AND SIGNATURE

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Sublime Chocolate to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Sublime Chocolate serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Sublime Chocolate Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Signature Date

Sublime Chocolate is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.