

# INNOVATIVE PRODUCE EMPLOYMENT APPLICATION

## Personal Information

Name (First)	(Middle Initial)	(Last)
Address	(City)	(State) (Zip)
Telephone ( ) -	Other Telephone ( ) -	Email

## General Information

Applying for position as:	Date Available:	Note: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.
Would you like us to use your contact information to provide you with general employment information, questions, and job opportunities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, within 72 hours after an offer for employment, submit verification of your legal right to work in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work overtime and/or during weekends?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed.		
<small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</small>		
Have you ever been employed by this Company or any of its affiliates?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', indicate during what years:		If 'Yes', reason why you left (below):
<input type="checkbox"/> Voluntary quit <input type="checkbox"/> Involuntary termination <input type="checkbox"/> Layoff <input type="checkbox"/> Other:		
How did you hear about our company and the position you are applying for?		
What work experience do you have that may be relevant to the position you are applying for?		

## Education

High School:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_ Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_ Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
University:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_ Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, degree received: _____					
Other:					

## Former Employers

Dates of employment	Name and address of employer	Name and title of immediate supervisor	Reason for leaving
From:			
To:			
Tel.#: ( ) -			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
From:			
To:			
Tel.#: ( ) -			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

## References

List below two persons not related to you who have knowledge of your work performance within the last three years.		
Name and last name	Telephone ( ) -	No. of Years Acquainted
Name and last name	Telephone ( ) -	No. of Years Acquainted

## Emergency Contact

In case of an emergency, please notify:				
Name (First)	(Middle Initial)	(Last)		
Address	(City)	(State)	(Zip)	Telephone ( ) -
Relationship:				Other Telephone ( ) -

I certify that the facts contained in this application are true and complete. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize investigation of all references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand and agree that, if hired, my employment is "AT-WILL" and as such is for no definite period and may be terminated at any time without prior notice and without cause. This "AT-WILL" employment relationship can only be changed in writing signed by George Adam.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The Company will provide a reasonable accommodation for the known disabilities of applicants/employees in accordance with applicable laws. We are an Equal Opportunity Employer. Our policy, State and Federal law prohibit discrimination because of race, color, creed, religion, age, sex, marital status, national origin, medical condition, disability, sexual orientation, or other protected categories, as defined by applicable Federal and State laws.

**This application is valid only if dated and signed by the applicant. Valid applications will be considered active FOR 90 DAYS For consideration after that you must reapply.**