Coast Citrus Dist. Inc. Olympic Fruit and Vegetable APPLICATION FOR EMPLOYMENT



How did you hear about us?

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or

				Ad	Internet	Referred by:	Other	veteran status		
								J		
Las	st Name		First			Middle		Date		
Add	dress							Home Phone		
City	, State, Zip C	Code						() Mobile Phone		
								()		
Hav	ve you ever a	pplied for emplo No	yment with us?					Social Securit	y No.	
		Position Applying				Wage Desired				
Are	e you legally eligible for employment in the United States? Yes No							\$ Will you work overtime if asked?		
Oth	er openial tra	ining or akilla (la	naugaga maghi	no operation o	to \			When will you	he oveileble to	a bagin
Oth	ner special training or skills (languages, machine operation, etc.)						When will you be available to begin work?			
							COURSE	# OF YEARS	DID YOU GRADUATE	DEGREE OR
	SCHOOL	NAME &	LOCATION OF	SCHOOL			OF STUDY	COMPLETED	Yes No	DIPLOMA
	COLLEGE									
	HIGH									
	ELEMENTA	RY								
	LLLINLINIA									
	OTHER									_
-										
	=				-		-	considerations, a nt because of race	-	
-	•			-	· ·			ls. The laws of m		
		-	pes of discrimin dicap or disabili		s some additior	nal types such as	discrimination	n based upon and	estry,	
	•		·	•						
	YES	NO	Are you at	least 18?						
	YES	NO	Have you e	ver been convi	cted of a crime	in the past ten y	ears, exluding	misdemeanors a	nd summary	
			offenses, w	hich have not b	peen annulled,	expunged or sea	lled by the cou	urt. If yes, please	describe	
	YES	NO					ition, which yo	ou are applying fo	r either	
			with or with	out reasonable	accomdations	?				
	YES	NO	Are you cui	rrently on a leav	ve of absence	or layoff from any	company?			
	YES	□NO	Do you hay	Do you have any relatives working for Coast Citrus Distriutors? If yes name.						
	1. = 0									
						OR CIVIC ORG				
			(Exclude thos	e willon may di	sciose your rac	ce, color, religion	oi iidlionai or	ıyıl <i>ı)</i>		

1. Company Name	Telephone	X/Forms/Employap		
Address	Employed (State r	nonth and year)		
Name of Supervisor	From	То		
State Job Title and describe your work	Weekly Pay			
	Start	Last		
	Reason for leaving	9		
2. Company Name	Telephone			
Address	Employed (State r	Employed (State month and year)		
Name of Supervisor	From	То		
State Job Title and describe your work	Weekly Pay			
	Start	Last		
	Reason for leaving	9		
3. Company Name	Telephone ()			
Address	Employed (State r	nonth and year)		
Name of Supervisor	From	То		
State Job Title and describe your work	Weekly Pay			
	Start	Last		
	Reason for leaving	9		
		_		
WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU	U DO NOT WANT US TO CONTACT			
DO NOT CONTACT				
EMPLOYER NUMBER REASON				
MILITARY COMPLETE THIS SECTION IF YOU SERVED IN THE U	LS ADMED CODOES			
Describe your duties and special training	Branch of Service			
		uty (Month & Year)		
	From Pools at Discharge	То		
	Rank at Discharge Date of Discharge			
				
The information provided in this Application for Employment is true, correct and complete. If employment is application may result in my dismissal. I understand that acceptance of an offer of employment upon the employer to continue to employ me in the future. If you decide to engage an investigative credit and personal history I authorize you to do so. If a report is obtained you must provide, at my	nt does not create a contractual obligati e consumer reporting agency to report	on on my		
so I may obtain from them the nature and substance of the information contained in the report.				

DATE

X/Forms/Employap

SIGNATURE