



Application for Employment

Opaa! Food Management, Inc. is committed to attracting and retaining a diverse workforce that represents the diversity of the communities in which we operate, our clients and their constituents. To support our commitment, we have implemented business policies, a policy of equal employment opportunity and human resource practices designed to ensure full realization of employment opportunity without regard to race, color, age, religion, sex, national origin, citizenship, disability, sexual orientation, marital status, veteran status and pregnancy or other characteristics to the extent protected by Federal, state or local law. Decisions about recruitment, hiring, training, promotions, compensation benefits, and other Human Resource practices will be based on individual merit. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application: ____/____/____
 Name: _____ Social Security #: ____/____/____
 LAST FIRST MIDDLE
 Address: _____
 STREET CITY STATE ZIP CODE
 Telephone #: () Other Phone #: () E-mail Address: _____

If you are under 18, and it is required, can you furnish a work permit? _____ [] Yes [] No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ [] Yes [] No

Are you legally eligible for employment in this country? _____ [] Yes [] No

Date available for work ____/____/____ What is your desired salary range? \$ _____ to \$ _____

Type of employment desired _____ Full-Time _____ Part-Time _____ Substitute _____ Other _____

Are you able to meet the attendance requirements of the position? _____ [] Yes [] No

Have you ever been convicted of a crime? _____ [] Yes [] No

If yes, please provide date(s) and details _____

ANSWERING 'YES' TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT

Driver's license number, if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past (3) employers, assignments or volunteer activities, starting with the most recent.

From _____ To _____	Employer _____ Telephone _____
Job Title _____	Address _____
Immediate Supervisor and Title _____	Summarize the nature of work performed and job responsibilities: _____
May we contact for Reference ____ Yes ____ No	
Reason for leaving _____	Hourly Rates/Salary Start \$ _____ Per _____ Final \$ _____ Per _____
From _____ To _____	Employer _____ Telephone _____
Job Title _____	Address _____
Immediate Supervisor and Title _____	Summarize the nature of work performed and job responsibilities: _____
May we contact for Reference ____ Yes ____ No	
Reason for leaving _____	Hourly Rates/Salary Start \$ _____ Per _____ Final \$ _____ Per _____
From _____ To _____	Employer _____ Telephone _____
Job Title _____	Address _____
Immediate Supervisor and Title _____	Summarize the nature of work performed and job responsibilities: _____
May we contact for Reference ____ Yes ____ No	
Reason for leaving _____	Hourly Rates/Salary Start \$ _____ Per _____ Final \$ _____ Per _____



Please explain any gaps in employment, other than those due to personal illness, injury or disability. _____

If not included on previous page, have you ever been fired or asked to resign from a job? -----[] Yes [] No

If yes, please explain _____

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DEGREE ACHIEVED	COURSE OF STUDY
High School			
College		Major Degree	
Other			

References

NAME	RELATIONSHIP	TELEPHONE #	NUMBER OF YEARS KNOWN
		()	
		()	
		()	



Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at anytime, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ Date ____/____/____