

Angeli Foods Company Employment Application

An Equal Opportunity Employer

It is the policy of Angeli Foods Company to afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, height, weight, qualifying disability, veteran status or other protected characteristic.

Name (Last, First, Middle initial): _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Your application will become inactive after 60 days unless you inform our Human Resources office, in writing, and prior to the expiration of the 60 day-period, that you want your application to remain active for an additional 60 days. If you need a reasonable accommodation in order to complete this application please contact our Human Resources Office.

Do you have proper authorization to work in the US? ____ Yes ____ No Are you at least 18 years of age? ____ Yes ____ No

Have you ever applied with Angeli Foods before? ____ Yes ____ No If yes, please state month and year _____

Who referred you to us? _____

Date you are available to start work? _____

List previous retail/restaurant experience: _____

Position Desired _____ Wage expectation _____

Times you are available to work? _____

Are you able to adequately perform the essential functions of the job for which you are applying? ____ Yes ____ No

If no, please explain _____

Present and Past Employers (Record present or most recent job first)

Name and Address: _____

Position: _____ Last salary/wage: _____ Phone number: _____

Description of Duties: _____

Supervisor's Name(s) _____ Dates Employed: From _____ To _____

Name and Address: _____

Position: _____ Last salary/wage: _____ Phone number: _____

Description of Duties: _____

Supervisor's Name(s) _____ Dates Employed: From _____ To _____

Name and Address: _____

Position: _____ Last salary/wage: _____ Phone number: _____

Description of Duties: _____

Supervisor's Name(s) _____ Dates Employed: From _____ To _____

May we check references at your present or past jobs(s)? ____ Yes ____ No If no, why? _____

Educational Background

Name and Location	Course of study	Years Completed	Graduate		GPA
			Yes	No	
High School _____					
College _____					
Other _____					
Other formal education or experience that you feel is relevant to the position for which you are applying: _____					

Personal References (Provide names and telephone numbers)

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____

Please list Angeli Foods Company employees that you are related to or know _____

Have you ever been convicted of a crime? _____ If yes, state the crime(s) _____

Are any felony charges currently pending against you? _____ If yes, explain _____

Certification of Applicant

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I agree that the Company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, or persons to give any information requested regarding my employment, character, experience and qualifications and/or suitability for employment. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and I will not request copies of such information. In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resource Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

I understand that any offer of employment or continued employment, if hired, may be conditioned upon passing a physical examination, including substance abuse screening. Refusal to participate will result in termination.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.

In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit (unless the applicable statute of limitations is shorter than six (6) months, in which case the shorter period of limitations will apply). I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly waive any statute of limitations to the contrary.

I have carefully read the foregoing applicant statement. I understand each paragraph of the Certification of Applicant. I agree to each provision set forth in the Certification of Applicant.

Signature of Applicant: _____ Date: _____

This application is current for sixty (60) days. Incomplete applications will not be processed. The Company will not accept telephone updates of applicants.