

**APPLICATION FOR EMPLOYMENT**

Individual FoodService  
5496 Lindbergh Lane  
Bell, CA 90201

Telephone (323) 981-2800 - Fax (323) 265-3592

**PERSONAL DATA**

|  |  |                          |      |
|--|--|--------------------------|------|
| Last Name  | First  | Middle                   | Date |
| Street Address   | City   | State                    | Zip  |
| Home Phone ( )   | Cell Phone ( )   | Business Phone ( )       |      |
| Have you ever applied for employment with us? [ ] Yes [ ] No If YES, Month/Year:       |  |                          |      |
| Position Desired   | Date Available   | Salary Desired<br>\$ Per |      |
| Job Status Required : [ ] Full Time [ ] Part Time                                      | Are you legally eligible for employment in the United States : |                          |      |
| Number of hours per week desired :   | [ ] Yes [ ] No   |                          |      |
| Special Training or Skills (Professional expertise, language, typing, computer, etc.): |  |                          |      |
| Do you possess a valid California Driver's License ? [ ] Yes [ ] No CDL #:             |  |                          |      |
| [ ] Class A [ ] Class B [ ] Class C*<br>*(Standard Operators License)                  |  |                          |      |
| Have you ever been convicted of a felony? [ ] Yes [ ] No If YES, please explain: _____ |  |                          |      |

**EDUCATION**

| School  | Name & Location of School | Course of Study Completed | Number of Years Completed | Did You Graduate | Degree or Diploma |
|---------|---------------------------|---------------------------|---------------------------|------------------|-------------------|
| High    |                           |                           |                           |                  |                   |
| College |                           |                           |                           |                  |                   |
| Other   |                           |                           |                           |                  |                   |
| Other   |                           |                           |                           |                  |                   |

Professional Licenses Held : \_\_\_\_\_ # \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ # \_\_\_\_\_ Expiration \_\_\_\_\_

Are you related to any employee of TIG / FW ? No \_\_\_\_\_ Yes \_\_\_\_\_ Who \_\_\_\_\_

How did you learn about this position?

[ ] Advertisement [ ] Walk In [ ] Relative [ ] Friend [ ] Other \_\_\_\_\_

# EMPLOYMENT HISTORY

Please give an accurate and complete full-time and part-time employment record. Start with present or most recent employer. Additional sheets should be attached, if necessary.

|   |   |                  |
|---|---|------------------|
| Employers Name :                        |   | Telephone<br>( ) |
| Address                                 | Employed (State Month/Year)<br>From :                      To : |                  |
| Name of Supervisor                      | Salary :\$ _____ Per _____                                      |                  |
| State Job Title and Describe Your Work: | Reason for Leaving:<br>May we contact employer? [ ] Yes [ ] No  |                  |
|   |   |                  |
| Employers Name :                        |   | Telephone<br>( ) |
| Address                                 | Employed (State Month/Year)<br>From :                      To : |                  |
| Name of Supervisor                      | Salary :\$ _____ Per _____                                      |                  |
| State Job Title and Describe Your Work: | Reason for Leaving:<br>May we contact employer? [ ] Yes [ ] No  |                  |
|   |   |                  |
| Employers Name :                        |   | Telephone<br>( ) |
| Address                                 | Employed (State Month/Year)<br>From :                      To : |                  |
| Name of Supervisor                      | Salary :\$ _____ Per _____                                      |                  |
| State Job Title and Describe Your Work: | Reason for Leaving:<br>May we contact employer? [ ] Yes [ ] No  |                  |
|   |   |                  |
| Employers Name :                        |   | Telephone<br>( ) |
| Address                                 | Employed (State Month/Year)<br>From :                      To : |                  |
| Name of Supervisor                      | Salary :\$ _____ Per _____                                      |                  |
| State Job Title and Describe Your Work: | Reason for Leaving:<br>May we contact employer? [ ] Yes [ ] No  |                  |
|   |   |                  |
| Employers Name :                        |   | Telephone<br>( ) |
| Address                                 | Employed (State Month/Year)<br>From :                      To : |                  |
| Name of Supervisor                      | Salary :\$ _____ Per _____                                      |                  |
| State Job Title and Describe Your Work: | Reason for Leaving:<br>May we contact employer? [ ] Yes [ ] No  |                  |
|   |   |                  |

**REFERENCES**

Please list people we may contact who are familiar with your work background.

Name \_\_\_\_\_ Company \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone : (    ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone : (    ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone : (    ) \_\_\_\_\_

Person to notify in case of emergency:  
Name : \_\_\_\_\_ Daytime Phone # (    ) \_\_\_\_\_ Evening Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_

**IMPORTANT - Please Read and Sign**

As an equal opportunity employer this company's policy, as well as Federal and State law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

As part of this application for employment, I hereby authorize the company to investigate my references and to make an independent investigation of my character and employment records.

I further agree that failure to reveal any prior employer, or giving of false or misleading information by me may be grounds for termination of employment.

Any offer of employment is contingent on the employee's consent to take physical examination, pre-employment drug screen and background check.

Under no circumstances with this document or any statement contained herein constitute or create a contract for duration of employment. All employment is entirely "At-Will", which means you may voluntarily terminate the employment relationship at any time and for any reason and TIG or FW retains the same right.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_