



Application for Employment

Applications are considered active for 30 days. Please read carefully and print clearly in blue or black ink. Federal and state law prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability, handicap or sexual orientation.

PERSONAL INFORMATION

FERSONAL INI ORNIATION						
Applicant's Name:						
Last	First	st Middle Initial		nitial		
Current Address:						
How long have you lived at your current address?		Email Address:				
Previous address in the United States?						
Telephone Number:	Social Security Nu	Social Security Number:				
If hired, can you provide proof of ide	ntity and legal auth	orization to work in	the United State	es?		
YesNo (please explain)						
Are you over 18 years of age?Ye	esNo					
If no, can you provide proof of a wor	k permit?Yes _	No				
If hired, would you have reliable me	ans of transportatio	n to and from work?	?YesNo			
List any/all other names you have been employed under:						
If you have any friends or relatives employed by this company, please give their names and relationship:						
List three people, not related to you	, who have knowled	ge of your work per	formance within	the last three years:		
Name	Occupation		Phone Num	Phone Number		
1.						
2.						
3.						
In case of emergency, please notify:						
	ntionship	Phone Num	nber			
	•					
Address	City		State	Zip		

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EMPLOYMENT DESIRED			
Position Applying For:		Shift you can work:	
		AnyDay	
What are you seeking?Full Time _	Part TimeTemporaryOn	Callper Diem/Visit	
When can you start?	Specify days/hours of ava	nilability if part time or on call:	
Are you willing to work overtime, wee		esNo	
Have you ever applied to this compan			
Have you worked for this company be			
If yes, when?	Location?	Supervisor?	
PREVIOUS EMPLOYMENT			
Are you currently employed?Yes _	No		
If yes, where?			
yes, where:	. 651.66111	Shift?	
May we contact your current employe	er? Yes No, please explain:		
	,, , , , , , , , , , , , , ,		
Please list all employment for the past	t 10 years and explain any gaps, in	excess of 90 days, in the employment	
history. You must complete this section	, , , , , , , , , , , , , , , , , , , ,	, , , ,	
1. Company Name	City/State	Position	
Supervisor Name/Number	Reason for Leav	ina	
, , , , , , , , , , , , , , , , , , ,	,	3	
2. Company Name	City/State	Position	
2. Company Name	City/State	residen	
Companying a Name of Normale or	Daggar for Lague	in a	
Supervisor Name/Number	Reason for Leav	my	
	,		
3. Company Name	City/State	Position	
Supervisor Name/Number	Reason for Lea	ving	
4. Company Name	City/State	Position	
, ,	•		
Supervisor Name/Number	Reason for Lea	vina	
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F. Company Name	City/Ctata	Docition	
5. Company Name	City/State	Position	
Supervisor Name/Number	Reason for Lea	ving	

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1820 E. Valencia Drive Fullerton, CA 92831 714-447-FOOD (3663) 800-454-5728 www.vieleandsons.com

EDUCATION

25000					
Please circle the highest grad	le you completed:				
Grade School	High School	College			
12345678	9 10 11 12	123456 Degree Earned			
Name of last school attended:		City/State:			
Vocation or trade school/training:		Language(s) you speak fluently:			
List and describe any licenses or certificates:					
Have any of your licenses or	certificates been revol	ked or suspended? Yes No			
If yes, please explain:		·			
Describe any additional train	ing you have received	that is relevant to the position(s) for which you are applying:			
AUTHORIZATION					
I certify that the facts contained in this application are true and complete to the best of my knowledge and					
understand that, if employed, falsified statements on this application shall be grounds for dismissal.					
anderstand that, if employed, faisined statements on this application shall be grounds for dismissal.					
I authorize investigation of all statements contained herein and the references and employers listed above to					
give you any and all information concerning my previous employment and any pertinent information they may					
have, personal or otherwise and release the company from all liability for any damage that may result from					
utilization of such information.					
I also understand and agree that no representative of the company has any authority to enter into any					
agreement for employment for any specified period of time, or to make any agreement contrary to the					
foregoing, unless it is in writing and signed by an authorized company representative.					
Applicant's Signature:					
Applicant 5 Signature:					

DO NOT WRITE BELOW THIS LINE – FOR FACILITY USE ONLY						
Interviewed by:	Date/Time:		Hired?YesNo			
			F/TP/TTempOn Call			
			Per Diem			
Starting Date:	Starting Rate:		Employee #:			
Department:	Shift:		Occupation:			
Approved by:		Check for previous	s employment?YesNo			

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