

# TASTE OF FRANCE, INC.

An Equal Opportunity Employer



## Application for Employment

(Please Print in Blue or Black Ink)

Date \_\_\_\_\_

Location \_\_\_\_\_

(for management use only)

## Personal Information/Position Objective

Name \_\_\_\_\_  
Last First Middle

**Circle Type of Employment Desired:**

(Full-Time Part-Time Temporary)

Current Address \_\_\_\_\_  
Street City State Zip Code

Phone # \_\_\_\_\_ Phone (other) # \_\_\_\_\_ Email \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Rate of Pay Desired \_\_\_\_\_

Date Available for Work \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Please indicate **days and hours that you are NOT available to work** *Note: Our location is open 7 days a week including holidays*

## General Information

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates and position \_\_\_\_\_

Have you ever been employed in our company?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dates and position \_\_\_\_\_

Are you at least 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, you may be required to provide authorization to work.)

Can you, after employment, submit verification of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of the job? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

Please provide the following information of your last five employers beginning with the most recent. You may attach a resume, but all information must still be completed.

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates of Employment (From – To) \_\_\_\_\_ Your Position \_\_\_\_\_

Description of Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

May We Contact? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Starting Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates of Employment (From – To) \_\_\_\_\_ Your Position \_\_\_\_\_

Description of Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

May We Contact? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Starting Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates of Employment (From – To) \_\_\_\_\_ Your Position \_\_\_\_\_

Description of Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

May We Contact? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Starting Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates of Employment (From – To) \_\_\_\_\_ Your Position \_\_\_\_\_

Description of Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

May We Contact? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Starting Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates of Employment (From – To) \_\_\_\_\_ Your Position \_\_\_\_\_

Description of Duties \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

May We Contact? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Starting Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_ Ending Rate of Pay \_\_\_\_\_ Per \_\_\_\_\_

**Periods of Unemployment.** Please list any periods of unemployment greater than one month for the past ten years.

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason \_\_\_\_\_

#### **Educational background**

	Name of High School/College/Other	Course of Study	Diploma/Certificate received?	# of Years Completed
1				
2				
3				
4				

**References** (Please provide the names of three individuals not related to you whom you have known at least one year).

	Name	Relationship	Number of Years known	Telephone Number
1				
2				
3				
4				

**Person to be notified in event of emergency:**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)**

**Please Read and Sign Below**

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

For all areas in this Job Application, "The Company" is defined as Taste of France, Inc.

I certify under the penalty of perjury that all information I have provided in order to apply for and secure work with The Company, 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 may result in my application no longer being considered, or immediate discharge from The Company 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 this application remains current for 90 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 has the same right to terminate my employment at any time, with or without cause, 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 company is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the President of The Company and by the employee.

The Company has a vital interest in maintaining a drug and alcohol free environment for its employees, customer and visitors. Therefore, the company prohibits the use of, possession of, distribution of, purchase or sale of, offering to purchase or sell, transfer of, trafficking in, and working or reporting for work under the influence of, intoxicants, drugs, or controlled or illegal substances. Applicants for employment may be required to take and pass a drug and alcohol screening test before they can begin employment and employees may be tested during their employment if the company has a reasonable suspicion of substance abuse. Results of such tests will be kept confidential in accordance with applicable laws.

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.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(Company Use Only)**

**Date Job Offered** \_\_\_\_\_ **Date of Employment** \_\_\_\_\_ **Position** \_\_\_\_\_

**Rate of Pay** \_\_\_\_\_ **Status** \_\_\_\_\_ **Location** \_\_\_\_\_