

# Deer Meadows Brands Employment Application

Date: 

DAY	MONTH	YEAR

## Personal Information

Last Name	First Name	Middle Initial	PHONE NUMBER WITH AREA CODE
CURRENT ADDRESS Street Address		City	State Zip Code
PERSONAL EMAIL		REFERRED BY	If you are under 16, please state your age. <b>Please note:</b> You may be required to provide proof of your age prior to hire. AGE
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently employed?	Date of availability:
			POSITION APPLYING FOR
<input type="checkbox"/> <input type="checkbox"/> Have you ever worked at Deer Meadows Brands before? If yes, where?			
<input type="checkbox"/> <input type="checkbox"/> Have you ever been convicted of a criminal offense for which you have not been pardoned?			
<input type="checkbox"/> <input type="checkbox"/> Are you legally authorized to work in the US? You may be required to provide proof of employment status			

## Availability From (hh:mm am/pm) / To (hh:mm am/pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

## Employment Background List your present or last position first

(mm/yyyy) From / To	Company Name & Address	Telephone nnn-xxx-xxxx	Supervisor Name & Position	Your Position(s)	Salary or Wage Start / End	Reason for Leaving

I, declare that the information contained in this application is correct to the best of my knowledge and understand that any omission or incorrect information is just cause for the rejection of my application or dismissal in accordance with the Company policy. If hired, I understand that I may be transferred to another location because of promotions, training or staffing requirements. I also agree that, at all times, I will follow the rules and regulations of the Company. I authorize the Company, or its agents, to verify the information provided, and to obtain any other information relevant to this application. This information may be obtained by telephone or in writing from educational institutions, my current or former employers, financial institutions, personal information agents and my personal references. This consent is valid during the consideration of my application for employment, and if I am hired, for the duration of my employment.

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

To the applicant: Your application will be considered active for 90 days, after which you must submit a new application. The information which you have supplied, and any other information obtained, will be used solely for the assessment of your application for employment. Your application will be kept by the Management Team and, if you are hired, it will become part of your employee file. Your file will be retained in the Manager's office, and may be accessed by Management. You may access your file by appointment with a representative of the Company. If there are mistakes in your file, you have the right to ask for them to be corrected.

<b>ADMIN USE ONLY</b>		
Start Date _____	Title _____	Pay Rate _____
<b>Please Circle:</b> Full-time / Part-time	Location/Company _____	New Hire SSN / ITIN # _____