



HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

WHAT IS YOUR PREFERRED SHIFT?  MORNING  AFTERNOON  NIGHT  FLEXIBLE

**PLEASE COMPLETE THIS SECTION BEFORE CONTINUING**

| QUESTION   | YES | NO |
|--|-----|----|
| Are you able to lift, push, and pull up to 50 pounds?  |     |    |
| Are you able to stand for a full work shift (10-12 hours)?   |     |    |
| Are you flexible to work any day of the week, including Saturday and Sunday?   |     |    |
| Do you have a reliable mode of transportation? <i>Note: There are no busses that pass by Fresca.</i>   |     |    |
| Are you able to work in both hot and cold environments?  |     |    |
| If hired, can you furnish proof you are eligible to work in the U.S.? Fresca uses E-Verify.  |     |    |
| Are you 18 years of age or older?  |     |    |
| Are you allergic to Peanuts, Tree nuts, Milk, Eggs, or Gluten?   |     |    |
| Have you applied here before <u>or</u> worked here before?   |     |    |
| Have you ever been convicted of felony or a misdemeanor other than minor traffic violations? If yes, give details: _____<br><i>A conviction will not necessarily disqualify an applicant for employment.</i> |     |    |

**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL OPPORTUNITY EMPLOYER**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Name: \_\_\_\_\_ Date \_\_\_\_\_  
 First Name Last Name Middle

Address: \_\_\_\_\_  
 Street City State Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ When could you start work: \_\_\_\_\_

**EDUCATION:**

What was the last grade level completed?  
 Some High School  GED  Graduated High School  Some College  Graduate College

What skills or additional training do you have that are related to the job for which you are applying?



**EMPLOYMENT HISTORY:** Include any periods of unemployment.

| Name of Business | Job Duties | Reason for Leaving | Time employed |    |
|------------------|------------|--------------------|---------------|----|
|                  |            |                    | From          | To |
|                  |            |                    |               |    |
|                  |            |                    |               |    |
|                  |            |                    |               |    |
|                  |            |                    |               |    |

**REFERENCES:**

| Name | Phone Number | Personal or Professional Reference? | Relation to You |
|------|--------------|-------------------------------------|-----------------|
|      |              |                                     |                 |
|      |              |                                     |                 |
|      |              |                                     |                 |

**AFFIDAVIT, CONSENT AND RELEASE**

**(PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING)**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements

Signature \_\_\_\_\_

Date \_\_\_\_\_