

***For Employee Safety, Tropicale Foods, LLC. is a Zero-Tolerance Drug-Free Workplace with Smoke-Free Facilities.***

**Employment Application**

# PLEASE COMPLETE PAGES 1-5 DATE Click or tap to enter a date.

Name Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

(Print) Last First Middle

Present How long have

Address Click or tap here to enter text.

you lived there? Click or tap here to enter text.

Street and Number City State Zip Code Years Months

Telephone No.Click or tap here to enter text. Cell Phone No Click or tap here to enter text.

# Email Click or tap here to enter text.

**GENERAL INFORMATION**

Position Desired:Click or tap here to enter text.[ ] Part time [ ] Full time Salary Desired: Click or tap here to enter text.

Date available to start work: \_ Click or tap to enter a date.

How many hours can you work weekly? Click or tap here to enter text.

Are you willing to work any shift, including nights and weekends? [ ] Yes [ ] No

If no, please state any limitations: Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you are under age 18, can you provide a work permit if offered a job? | [ | ] Yes | [ ] No | []N/A |
|  |  |  |  |  |
| Are you legally eligible for employment in the United States?  Are you looking for employer sponsorship? | [  [ | ] Yes  ] Yes | [ ] No  [ ] No |  |
| Have you ever worked for this Company before? | [ | ] Yes | [ ] No |  |

If yes, please give dates and position: Click or tap here to enter text.

Do you know or have any relative/friend currently working for the company? [ ] Yes [ ] No

Name of relative/friend and relationship: Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Have you ever been in the armed forces? | [] Yes | [] No |
|  |  |  |
| Are you a member of the national guard? | [] Yes | [] No |

Specialty Click or tap here to enter text.

Date EnteredClick or tap to enter a date. Discharge Date Click or tap to enter a date.

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **Years Completed** | **Diploma/Degree** | **Describe Course of Study or Major** | **Describe Specialized Training, Experience, Skills and Extra-Curricular Activities** |
| **Elementary:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **High School:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **College/University:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Graduate/Professional:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Trade or Correspondence:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**PLEASE COMPLETE ONLY IF APPLYING FOR A POSITION THAT REQUIRES DRIVING**

|  |
| --- |
| **Do you have a valid state driver’s license?** Choose an item. **Driver’s license number:**Click or tap here to enter text.\_  **Expiration Date:** Click or tap to enter a date.  **State Issue:** Click or tap here to enter text.  **Have you had an accident in the past 3 years?** Choose an item. **How many?** Click or tap here to enter text.\_\_\_\_  **Have you had any moving violations in the past 3 years?** Choose an item. **How many?** Click or tap here to enter text. |

Please list all your work experience, beginning with your most recent job held. If you were self-employed, give firm name.

Attach additional sheets if necessary.

|  |
| --- |
| Employer Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City/State/Zip: Click or tap here to enter text.  Name of last Supervisor: Click or tap here to enter text.  Company Telephone: Click or tap here to enter text.  Your last job title: Click or tap here to enter text.  Employment Dates (Month/Year): From:Click or tap to enter a date. To: Click or tap to enter a date.  May we contact this employer? [ ] Yes [ ] No Reason for leaving (be specific): Click or tap here to enter text.  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:  Click or tap here to enter text. |

**Professional Experience**

|  |
| --- |
| Employer Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City/State/Zip: Click or tap here to enter text.  Name of last Supervisor: Click or tap here to enter text.  Company Telephone: Click or tap here to enter text.  Your last job title: Click or tap here to enter text.  Employment Dates (Month/Year): From:Click or tap to enter a date. To: Click or tap to enter a date.  May we contact this employer? [ ] Yes [ ] No Reason for leaving (be specific): Click or tap here to enter text.  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:  Click or tap here to enter text. |

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| Employer Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City/State/Zip: Click or tap here to enter text.  Name of last Supervisor: Click or tap here to enter text.  Company Telephone: Click or tap here to enter text.  Your last job title: Click or tap here to enter text.  Employment Dates (Month/Year): From:Click or tap to enter a date. To: Click or tap to enter a date.  May we contact this employer? [ ] Yes [ ] No Reason for leaving (be specific): Click or tap here to enter text.  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:  Click or tap here to enter text. |

**PROFESSIONAL EXPERIENCE**

|  |
| --- |
| Employer Name: Click or tap here to enter text.  Address: Click or tap here to enter text.  City/State/Zip: Click or tap here to enter text.  Name of last Supervisor: Click or tap here to enter text.  Company Telephone: Click or tap here to enter text.  Your last job title: Click or tap here to enter text.  Employment Dates (Month/Year): From:Click or tap to enter a date. To: Click or tap to enter a date.  May we contact this employer? [ ] Yes [ ] No Reason for leaving (be specific): Click or tap here to enter text.  List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:  Click or tap here to enter text. |

# PERSONAL REFERENCES

Please list persons who know you well -- **not** relatives

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Occupation** | **Address (Street, City and State)** | **Telephone Number** | **Number of Years Known** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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# APPLICANT'S STATEMENT & AGREEMENT

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Tropicale Foods, LLC. (“the Company”), creates an actual or implied contract of employment. I understand that, if I accept employment with the Company, it will be on an at-will basis. This means that either the Company or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

In the event of my employment in a position with this Company, I will comply with all rules and regulations of this Company. I understand that the Company requires me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical and drug examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that the Company may obtain Public Records about me as part of a background investigation. I further understand that the Company may contact my previous employers. I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself. I also authorize the Company to use social medial and other internet resources as part of the pre-employment screening process to the extent permitted by law.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my 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.

**Equal Employment Opportunity Policy:** We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws. We assure you that your opportunity for employment with Tropicale Foods, LLC., depends solely on your qualifications.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.**

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND AND AGREE TO THE SAME.**

# Signature of Applicant:

**Date:**