

the  
**annie selke**  
companies

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**APPLICATION FOR EMPLOYMENT**

Date \_\_\_\_\_

Position applying for \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Best way to contact: \_\_\_ Email \_\_\_ Phone

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Work Eligibility

Are you legally authorized to work in the United States?

Yes  
 No

Are you currently authorized to work in the United States without requiring sponsorship, both now and in the future?

Yes  
 No

Are you at least 18 years of age?

Yes  
 No

The company's anti-nepotism policy restricts the hiring of family members of an employee in some situations. For purposes of the anti-nepotism policy, family members include: spouse, ex-spouse, parent, sister, brother, child, stepchild, half-brother, half-sister, grandparent, grandchild, step-parent, step-brother, step-sister, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law, niece, nephew, uncle, aunt or first cousin.

At the time of employment are you able to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)

Yes \_\_\_ No \_\_\_

Type of Employment Desired? Full-time \_\_\_ Part-time \_\_\_ (specify hours) \_\_\_\_\_

Are you willing to work overtime? Yes \_\_\_ No \_\_\_

Date on which you can start \_\_\_\_\_

Have you ever applied to this company before? Yes, when? \_\_\_\_\_ No \_\_\_

List your skills that qualify you for this position:

\_\_\_\_\_



## **APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company has a drug-free workplace or drug and/or alcohol-testing program consistent with applicable federal, state and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, computers, and email) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by Federal, State and Local laws, I may be required to sign a confidentiality, non-complete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate termination.

I understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment. I acknowledge that if hired by the company, employment is on an at-will basis. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by a trustee of the company.

I agree to conform to the policies and regulations of the company and I understand that the company has complete discretion to modify such policies and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its authorized agents to confirm all statements contained in this application and/or resume as it related to the position I am seeking and to the extent permitted by federal, state or local law.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

I understand this Company hires only individuals who are legally eligible to work in the United States.

## **Voluntary Disclosures**

We are an Equal Opportunity Employer (EOE). Individuals seeking employment are considered without regards to race, color, religion, sex, national origin, age, disability, veteran status or any other unlawful criterion. You are being given the opportunity to provide the following information in order to help us comply with Federal and State Equal Opportunity Employment/Affirmative Action record keeping, reporting, and other legal requirements.

Please note: Completion of the form is entirely voluntary. Whatever your decision, it will not be considered in the hiring process or thereafter. Any information that you do provide will be recorded and maintained in a confidential file.

Pre-employment request for Veteran Classification.

A disabled veteran is one of the following a veteran of the US military, ground, naval or air service who is entitled to compensation parentheses or who but for the receipt of a military retired pay would be entitled to compensation" under law is administered by the secretary of Veterans Affairs, or a person who is discharged or released from active duty because of a service connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

A "active duty war time or campaign badge veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Veteran Classification

Select One

I identify as one or more of the classifications of protected veteran listed above

I am not a protected veteran

I do not wish to identify

Fresh American, LLC has certain regulatory obligations to the Federal government. To ensure the accuracy of those reports we are inviting all employees to voluntarily and/or confirm their ethnicity, gender, and race information according to the 2010 Census designations.

Submission of this information is voluntary, and refusal to provide it will not subject employees to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to federal government for civil rights enforcement. When reported, data will not identify any specific individual. Fresh American, LLC hiring and advancement are based on job-related requirements and on an individual's qualifications to perform a job. All aspects of employment are carried out free of discrimination or harassment based on race, color, religion, sex, national origin, age, disability, veteran status or any other unlawful criterion.

Gender Classification

Female

Male

I decline to self-identify

Race

Hispanic or Latino

White

Black or African

Native Hawaiian or Other Pacific Islander

Asian

Indian or Alaska Native

Two or more races

I decline to self-identify

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual Disability

Please check one below:

Yes, I have a disability

No, I do not have a disability

I do not wish to answer

Acknowledgement

By checking this box, \_\_\_ I confirm my understanding of the following.

Information provided in support of this application, including but not limited to my resume and the above information, is correct. I understand a false statement or material omissions of any kind during the hiring process may result in denial of employment or discharge.

I understand and agree that if I am employed, I will be employed on an at-will basis. As an at-will employee, I understand and agree that either Fresh American, LLC or I can terminate our employment relationship, at any time for any reason, with or without advance notice and with or without cause.

I understand that nothing contained in this employment application or interview process is intended to create an employment contract between Fresh American, LLC and me and that no representation or promise regarding the duration or the termination of employment with Fresh American, LLC is authorized or binding unless contained in a written document signed by an Officer of the company.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Company Representative** \_\_\_\_\_ **Date** \_\_\_\_\_