

Devenish Nutrition is an Equal Opportunity Employer. We do not discriminate in recruitment, hiring or conditions of employment on the basis of race, color, national or ethnic origin, religion, age, sex, gender, sexual orientation, marital status, veteran status, disability or any other status protected by applicable law.

APPLICANT INFORMATION

Please complete all sections and print clearly. Use your legal name (no nicknames).

Date	Last Name	Middle Initial	First Name		
Street Address		City	State	Zip Code	
Email Address		Primary Phone		Alternate Number	
Position(s) Applied For:		Date Available for Work		Desired Hours Per Week	
We operate multiple shifts. Do you have scheduling restrictions? If so, please specify.		Are you at least 18 years of age or older?		<input type="radio"/> Yes	<input type="radio"/> No
		Are you legally authorized to work in the United States?		<input type="radio"/> Yes	<input type="radio"/> No
		If hired, are you able to provide proof of eligibility?		<input type="radio"/> Yes	<input type="radio"/> No
How did you learn about this position? <input type="radio"/> Friend <input type="radio"/> Relative <input type="radio"/> Ad			Have you previously applied for a position with us?		
Please indicate name and/or Ad Source			<input type="radio"/> Yes	<input type="radio"/> No	Date
Do you have any friends, relatives or acquaintances working for Devenish Nutrition? <input type="radio"/> Yes <input type="radio"/> No					
If yes, state name and relationship					
As a condition of employment regular, prompt attendance is required. Would you be able to meet this requirement? <input type="radio"/> Yes <input type="radio"/> No					
If no, please explain.					
Briefly list your qualifications and skills for the position.					

EDUCATION

High School	City/State	Grade Completed	1	2	3	4	Year
College or University	City/State	Degree				Year	
Technical School	City/State	Degree				Year	
Additional continuing education or certifications							

MILITARY SERVICE

Branch	Rank at Discharge	Type of Discharge	If other than honorable, please explain
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REFERENCES

Name & Title	Telephone	Relationship	How long have you known this person?
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EMPLOYMENT HISTORY

Please complete all sections, and attach a resume, if applicable.

Company		City/State		County	Area Code & Telephone
Position title		Brief description of duties			
Dates of Employment		Earnings		Reason(s) for leaving	
From	To	Start \$	End \$		
Company		City/State		County	Area Code & Telephone
Position title		Brief description of duties			
Dates of Employment		Earnings		Reason(s) for leaving	
From	To	Start \$	End \$		
Company		City/State		County Area Code	
Position title		Brief description of duties			
Dates of Employment		Earnings		Reason(s) for leaving	
From	To	Start \$	End \$		
Company		City/State		County	Area Code & Telephone
Position title		Brief description of duties			
Dates of Employment		Earnings		Reason(s) for leaving	
From	To	Start \$	End \$		

You are not creating an employment contract with Devenish Nutrition by signing this application and form. If hired, you or Devenish Nutrition, have the right to end your employment relationship at any time for any reason.

I certify that the information provided by me is true and accurate without consequential omissions of any kind whatsoever. I agree that the company shall not be held liable in any respect if my employment is terminated because of falsifying statements, answers or omissions made by me on this application for employment.

Applicant Signature

Date of Application

NOTICE TO APPLICANTS

Please initial each statement below to indicate you have read, acknowledge and understand each of them.	
I certify that all statements contained in this application for employment can be investigated as may be necessary to arrive at an employment decision.	[Initial]
I understand that this employer and all past employers are released from all liability relating to any information which is obtained during a reference check.	[Initial]
This application for employment will be active for a period of time not to exceed 60 days. Any applicant who wishes to be considered for employment beyond 60 days should inquire whether or not applications are being accepted and reapply as necessary.	[Initial]
In the event of employment, I also understand <u>SAFETY</u> is a condition of employment. Whether it to be <u>Physical Safety</u> of myself or my coworkers, or the <u>Food/Feed Safety</u> set forth by the company and government regulations. I agree to work within the guidelines established by the company and regulatory agencies.	[Initial]
I understand that all employees of Devenish Nutrition are employed "at will." I understand that this means that Devenish Nutrition employees may be discharged by the Company at any time, for any reason not prohibited by law. If I choose to voluntarily terminate my employment, I realize that I am free to do so at any time, and if I choose to give notice of my termination, Devenish Nutrition may either permit me to continue my employment during the notice period or may accept my resignation immediately. I further understand that the compensation, benefits, hours of employment, and all other terms and conditions of employment for employees of Devenish Nutrition are subject to modification at Devenish Nutrition's discretion. If employed by Devenish Nutrition, I agree to comply with all of Devenish Nutrition's policies and procedures, whether communicated verbally or in writing.	[Initial]
I certify that all information provided to Devenish Nutrition by me in the form of an employment application, resume, related papers, or answers provided by me during oral interviews are totally accurate in every way and fully and completely answer all questions and inquiries. I understand that this information is subject to verification by Devenish Nutrition. I authorize the giving and receiving of any such information requested by Devenish Nutrition in the course of such investigation and hereby release from liability all persons who provide such information to Devenish Nutrition. I understand that any false statement, misrepresentation, and/or omission in the information provided will be sufficient cause for refusal of employment or, if employed, immediate dismissal.	[Initial]

PLEASE INDICATE BY PRINTING YOUR FULL NAME AND PLACING YOUR SIGNATURE BELOW THAT YOU HAVE READ, ACKNOWLEDGE AND UNDERSTAND THE ABOVE LISTED STATEMENTS AND CONDITIONS OF EMPLOYMENT WITH DEVENISH NUTRITION.

Print applicant's full name _____

Applicant's signature _____

Date _____