



## APPLICATION FOR EMPLOYMENT

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed. **Please contact Chelan Fresh HR at [HR@chelanfresh.com](mailto:HR@chelanfresh.com) if you need assistance with the application process.**

**This application is current for sixty (60) days, after which time if you have not heard from us and still wish to be considered for employment it will be necessary for you to complete a new application.**

Position Applied For	Location of Position	Date of Application
What type of employment are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary (Seasonal) <input type="checkbox"/> Internship <input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name/Initial	
Address	City	State	Zip Code
Phone #	Email Address		

Are you legally qualified to work in the United States?  Yes  No  
(Federal Law requires proof of identity and employment authorization for all new employees.)

Are you under 18 years of age?  Yes  No

Have you ever filed an application with Company before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with Company before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No  
If yes, may we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Can you travel if a job requires it?  Yes  No

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



## Education

### High School

NAME	LOCATION (CITY, ST)	DIPLOMA/GED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### College/University

NAME	LOCATION (CITY, ST)	NUMBER OF YEARS ATTENDED	DEGREE EARNED/FIELD OF STUDY

### Vocational-Tech School/Specialized Training

NAME	LOCATION (CITY, ST)	NUMBER OF YEARS ATTENDED	DEGREE EARNED/FIELD OF STUDY

## Employment Experience

Start with your present or last job. Account for all employment within the past 3 years. If you need additional space, please use a separate sheet of paper. Include any job-related military service assignments and job-related volunteer activities. You should exclude organizations which indicate race, age, marital status, color, religion, gender, national origin, disability, veteran or current military service, or other protected status.

<b>1.</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Phone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No



Please list any currently held licenses/certificates relating to this position

License/Certificate

Issuing State/Entity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

### Skills/Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.  
(Please exclude information that may disclose that you are a member of a protected class)

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### Applicant's Statement

My signature below confirms that all information in this application is correct and that I have completed it to the best of my knowledge and belief. Additionally, I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. I release from liability Chelan Fresh and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Furthermore, I understand and acknowledge that, if hired, my employment is for no definite period and either Chelan Fresh or I may terminate our employment relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I understand that no representative of Chelan Fresh has the authority to make any assurance to the contrary.

**I HAVE HAD AN OPPORTUNITY TO HAVE MY QUESTIONS ABOUT THIS STATEMENT'S CONTENT AND INTENT ANSWERED AND UNDERSTAND ITS TERMS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date