



Application for Employment

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| HUMAN RESOURCES OFFICE USE ONLY |
| SSN: Y ___ N ___ Date: _____ |
| Shift: _____ |
| Start: _____ |

Personal Information

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name (Last, First, Middle) _____ Today's Date (mm/dd/yy) _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Telephone No. _____ Cell Phone No. _____ Email Address _____

(____) (____)

Position Applying For _____ Expected Rate of Pay _____

\$ _____ Per _____

Are you eligible to work in the U.S? Proof of legal authority to work in the United States will be required upon employment. Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company and details: _____

Referred By (Please check applicable box and specify source):

- Walk-In Guittard Employee: _____ Agency: _____
- Dispatch Job Board: _____ Other: _____

Have you ever applied for employment with us?

Yes No If yes: Month/ Year _____ Location _____

Have you ever had a relative work for us?

Yes No If yes: Who _____ Relationship _____

Date you can start? _____ Are you available any shift? Yes No. If no, please specify:

| Days Available (X) | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total Hours |
|---------------------------|-----|-----|------|-----|-------|-----|-----|-------------|
| Hours Available From - To | | | | | | | | |

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

(Note: We comply with the ADA and state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education

| | Name and Address of School | Number of Years Completed | Major or Type of Coursework | Degree/Certificate | Did You Graduate? |
|------------------------|----------------------------|---------------------------|-----------------------------|--------------------|-------------------|
| High School | | | | | |
| College/ University | | | | | |
| Graduate/ Professional | | | | | |
| Other | | | | | |

Do you have any special skills, experience and/or training relevant to the job applied for? (Additional spoken or written languages, machine operation, military, etc.) Please explain in the space below.

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Employment History (List most recent employment first. Be sure all your experience or employers related to this job are listed here or on an extra sheet of paper if necessary. No more than 10 years history recommended.)

| | | |
|---|--------------------|---|
| 1 Company Name and Mailing Address | | Phone () |
| Job Title | Name of Supervisor | Employed (Month and Year) From To |
| Describe your work | | Duties performed |
| May we contact this employer? If not, why not <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for leaving |

| | | |
|---|--------------------|---|
| 2 Company Name and Mailing Address | | Phone () |
| Job Title | Name of Supervisor | Employed (Month and Year) From To |
| Describe your work | | Duties performed |
| May we contact this employer? If not, why not <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for leaving |

| | | |
|---|--------------------|---|
| 3 Company Name and Mailing Address | | Phone () |
| Job Title | Name of Supervisor | Employed (Month and Year) From To |
| Describe your work | | Duties performed |
| May we contact this employer? If not, why not <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for leaving |

Professional References

Please list three professional references not related to you, whom you have known at least three (3) years.

| | | | |
|--------|---------|--------------|--------------|
| 1 Name | Address | Relationship | Phone () |
| 2 Name | Address | Relationship | Phone () |
| 3 Name | Address | Relationship | Phone () |

We consider applicants for all positions without regard to actual or perceived race (including traits associated with race), color, national origin, ancestry, sex/gender (including gender identity, gender expression, pregnancy, childbirth, breastfeeding and related medical conditions), sexual orientation, age (40 and over), religion, creed, physical or mental disability, medical condition, genetic characteristics, marital status, registered domestic partner status, citizenship, military service status, arrest or conviction record (except as allowable by law) or any other status protected by applicable state or federal law, or local ordinance.

We comply with the requirements of the Americans with Disabilities Act and state law. If you feel that you require a reasonable accommodation at any step of the interview/application process please notify us within a reasonable time. We may request that you support your request with medical documentation.

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that may adversely affect my chances for employment. I understand that any error or omission of information may result in denial of employment or termination at any time. I authorize all my current and former employers and their employees, past or present, to give the Company any and all information concerning my employment history and any pertinent work-related information they may possess.

I also authorize that all my former schools may give the Company any or all information concerning my education. I also authorize all the references that I have provided to give any information to the Company that they consider relevant. I waive all privacy interests in such information.

I understand that if I receive a conditional offer of employment, at the Company's discretion, the Company also may require background screening conducted by a background check provider, in accordance with applicable law. The Company will provide a separate authorization in such event.

I further release all the sources referenced above (and all their employees, officers, directors and agents) and the Company (and its employees, officers, directors and agents) of all claims and liability for any damages resulting from their furnishing any information, whether I agree or disagree with the content of the disclosed information. Thus, I understand that if any one of the above sources discloses information which I believe to be erroneous, I cannot bring any legal action against that source or the Company regarding the disclosure of the information.

I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to take a drug-screening test used by Guittard Chocolate Company to determine my eligibility for employment or continued employment. I understand that filling out this form does not indicate there is a position open and does not obligate Guittard Chocolate Company to hire me. ***I understand that and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Guittard Chocolate Company at any time without prior notice for any reason.***

Signature _____ Date _____

This application is valid only for 60 days from the date signed/dated above

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