

Mecafresh Corporate, LLC



In compliance with Federal and State equal employment opportunity laws applicants are considered for positions without discrimination on the basis of race, religion, sex, national origin, citizenship, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

First Name	Middle Initial	Last Name	Social	Security or Other ID Number	Today's Date
Current Address:	Street/P.O. Box	Apt. #	City	State	ZIP
Permanent Address:	Street/P.O. Box	Apt. #	City	State	ZIP
Day Phone No. ()	Evening Phone No. ()	Alternate Phone No. (<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other) ()			
For which position are you applying?			Date you are available for employment:		
What is the minimum amount of money you expect to make?				\$	/hour
				\$	/week

1. If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to work in the United States? Yes No

2. If hired, can you submit proof of legal age to work in this state? Yes No

3. Are you of legal age to serve alcohol in this state? Yes No

4. As an adult, have you been convicted of a felony or pled guilty to a felony resulting in conviction, which conviction has not been annulled, erased, expunged, vacated, set aside, sealed by the Court, or referred to a diversion program?
(Applicants in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts, and Washington should read the information on the last page of this application BEFORE answering this question.) Yes No

Conviction will not necessarily disqualify an applicant from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions. If your answer is "yes," please explain the circumstances surrounding such offense, including place, date, name of court, etc.

5. How many jobs have you held in the last two years? 0 1 2 3 4 or more

6. Have you ever been terminated from a job? Yes No
 If yes, how many jobs have you been terminated from? 1 2 3 4 or more

7. You want to work: Part-time (_____ hours per week) Full-time (_____ hours per week)

8. Do you presently have a job that you intend to keep? Yes
 No

9. In the table below, please indicate the days you **CAN** work. **List the earliest and latest times you CAN work.** Please account for travel time to and from other obligations (e.g., sports, classes, meetings, etc.). Being on time for a shift is mandatory.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Earliest time in							
Latest time out							

10. Do you have a reliable means of transportation to and from work for the days and times you are available..... Yes
 No

11. Are you available to work holidays and weekends? Yes
 No

12. We may conduct training on days, or at times, you have other obligations. Is your schedule flexible so you may come to training..... Yes No

13. Are you, or do you plan to be, in school or taking courses at any time while working here? Yes No

14. If you have other obligations or commitments that may affect your schedule (such as travel plans) please indicate the particular dates and times that you will be unavailable.

(You may omit any information indicating legally protected characteristics such as age, disability, marital status, national origin, race, or gender)

Educ

High School

College

15. Do you agree not to bring into any Company facility confidential information of any third parties that relates in any way to the restaurant industry, and to keep confidential and not disclose any of the Company's or any third parties' confidential Information? Yes
 No

16. Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations?..... Yes
 No

17. Work History: List last 3 jobs and account for any gaps in between.

	Current or Most Recent	Previous Job	Previous Job
Company Name			
Address			
Positions/ Job Duties (please describe)			
Did you handle cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Title of Immediate Supervisor			
Phone Number of Immediate Supervisor			
Dates of Employment			
Typical Work Week Hours Worked			
Reason for Leaving			
Weekly Earnings			
All employers listed may be contacted to verify information			

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

MANAGER COMMENTS
