

DE LEON FOODS
Employment Application



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants are considered regardless of race, religion, color, age, sex, sexual orientation, gender identity, marital status, nationality, veteran status or disability.

PERSONAL INFORMATION		Today's Date		
Last Name		First Name	Initial	
Address				
City		State	Zip	
Home Number ()	Cell Phone Number ()	Email Address		
Position applying for:			Date you are available to start:	
Do you have your FOOD HANDLERS CARD? Yes ___ No ___				
Do you have your MAST CERTIFICATE (alcohol seller/server permit)? Yes ___ No ___				
EDUCATION				
	School Name, City, State	Graduated Y/N	Degree & Major	GPA
High School				
College/Univ.				
Trade/Other				

REFERENCES	
Name	Relationship
Company	
Position/Title	Phone number
Name	Relationship
Company	
Position/Title	Phone number
Name	Relationship
Company	

Position/Title	Phone number
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EMPLOYMENT HISTORY Start with PRESENT or most recent employer.

Name of Organization		From _____ To _____	
Address	City	State	Zip
Supervisor Name and Title			
Phone Number		Your job title(s)	
Duties of position & skills used:			

Name of Organization		From _____ To _____	
Address	City	State	Zip
Supervisor Name and Title			
Phone Number		Your job title(s)	
Duties of position & skills used:			

Name of Organization		From _____ To _____	
Address	City	State	Zip
Supervisor Name and Title			
Phone Number		Your job title(s)	
Duties of position & skills used:			

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my dismissal if hired.

Applicant's Name (please print)

Signature of Applicant

Today's date