



Rancho Foods, Inc.

GENERAL INFORMATION:

Last Name:	First Name:	Date:
Address:		
City:	State:	Zip:
Phone:	Email:	Social Security No.:

EMPLOYMENT INFORMATION:

Position(s) applied for:	
Date Available:	Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Work Schedule: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Weekends	Hour Availability:
Have you every applied to or worked for Rancho Foods, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:
Why are you applying for work at Rancho Foods, Inc.:	
Do you have friends or relatives working at Rancho Foods, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name(s) and relationship below:	
Name:	Relationship:
Name:	Relationship:
If Hired, would you have a reliable means of transportation to and from work?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old? <i>(If under 18, hire is subject to verification that you are of minimum legal age):</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying for, either with or without reasonable accommodation?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed: <i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</i>	
Have you ever been convicted of a criminal offense, felony or serious misdemeanor? <i>Convictions for marijuana-related offenses that are more than two years old need not be listed.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state nature of the crime(s), when and where convicted, and disposition of the case: <i>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</i>	

EDUCATION, TRAINING, & EXPERIENCE:

Mark highest grade completed:	High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Grad School: <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MBA <input type="checkbox"/> PhD
Name & Location (City, State)		Major	Graduate?
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
College:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Grad School:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Training:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Training:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently enrolled in school: <input type="checkbox"/> Yes <input type="checkbox"/> No		Honors, Awards, or leadership position held:	



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MILITARY:

Branch of Service:	Special Training:
Duties:	

EMPLOYMENT HISTORY (WITHIN PAST 10 YEARS):

From:	To:	Company:	Title:		Starting	Reason for Leaving:		
		Address:				\$		
		City:	State:	Zip:		Ending		
		Supervisor:			Phone:		\$	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, why not:			
From:	To:	Company:	Title:		Starting	Reason for Leaving:		
		Address:				\$		
		City:	State:	Zip:		Ending		
		Supervisor:			Phone:		\$	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, why not:			
From:	To:	Company:	Title:		Starting	Reason for Leaving:		
		Address:				\$		
		City:	State:	Zip:		Ending		
		Supervisor:			Phone:		\$	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, why not:			
From:	To:	Company:	Title:		Starting	Reason for Leaving:		
		Address:				\$		
		City:	State:	Zip:		Ending		
		Supervisor:			Phone:		\$	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, why not:			

Special Skills:

Identify & explain all periods of unemployment within the last 10 years:



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REFERENCES:

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name:		Occupation:	
Phone:	Email:	Number of Years Acquainted:	
Name:		Occupation:	
Phone:	Email:	Number of Years Acquainted:	
Name:		Occupation:	
Phone:	Email:	Number of Years Acquainted:	

CERTIFICATION:

Initials	Please read carefully, Initial each Paragraph
	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
	I understand that should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
	I waive receipt of a copy of any public record described in the paragraph above.

SIGNATURE:

DATE: _____ **APPLICANT'S SIGNATURE:** _____