

Southwest Foodservice Excellence, LLC

Employment Application

		Applicant l	Informatio	on			
Full Name:	Last	F: /			Date:		
	Lasi	First			IVI.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		E	Email				
Date Available:		Social Security No.:	Social Security No.:		Desired Salary:		
Position Applied	d for:						
Are you a citize	n of the United States?	YES NO	<u> </u>			NO	
Have you ever	worked for this company?	YES NO	If yes	s, when?			
Have you ever	been convicted of a felony?	YES NO					
If yes, explain:							
		Educ	ation				
High School:		Address:	:				
From:	To:	_ Did you graduate?	YES 🗆	NO	Diploma::		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
		Refer	ences				
	e professional references.						
Full Name:						ship:	
Company:					Pho	one:	
Address:							
Full Name:					Relations	hip:	
Company:					Pho	one:	
Address:							

Full Name:				Relationship:	
Company:				Phone:	
Address:					
		Previous Employment			
Company:				Phone:	
Address:				Supervisor:	
Job Title:		Starting Salary:		Ending Salary:	
Responsibilities:					
From:	To:	Reasor	n for Leaving:		
May we contact your p	revious supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:		Starting Salary:		Ending Salary:	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your p	revious supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:			Ending Salary: \$	
Responsibilities:					
-rom:	To:	Reason for Leaving:			
May we contact your p	revious supervisor for a reference?	YES □	NO		
		Military Service			
Branch:			From:	To:	
Rank at Discharge:		Туре	of Discharge:		
If other than honorable	, explain:				

Disclaimer and Signature

READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this Application and other required documents ("Application") are true and accurate to the best of my knowledge. I understand that any misrepresentations or omissions of such information or any false statements made by me in this Application shall result in denial of employment or discharge. I further understand that any offer of employment and continued employment is contingent upon my ability to provide documentation evidencing citizenship or right to work status.

I grant the Company permission to check any of the information submitted by me in connection with this Application and to make a thorough investigation of my past employment, education and activities. I authorize the employers and references listed in this Application or other required documents, unless otherwise indicated, to give the Company any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise. I release the Company and all persons or entities supplying such information to the Company from all liability for any damage, which may result from furnishing information to the Company.

I understand that a consumer report concerning my credit worthiness and credit rating (if job-related), character, general reputation, personal characteristics and mode of living may be requested by Southwest Foodservice Excellence, LLC in connection with my employment or post-employment activities. I understand that I will be notified if such a report is obtained. I further understand that. upon written request. I may obtain additional information about this report under the requirements of the Fair Credit Reporting Act.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me. I understand this is a preliminary application and not a contract to employee me.

I understand that it is Southwest Foodservice Excellence, LLC policy to not allow relatives to work in the same department where such employment poses problems of supervision, safety, security or morale, or poses potential conflicts of interest or other hazards greater for relatives than for other persons.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

If an employment relationship is established, I agree to conform to the Company's policies and practices and that my employment and compensation can be terminated at any time with or without cause, and with or without advance notice, at the option of the Company

or myself. I understand that no management representative has authority to period of time or to make any agreement contrary to the foregoing. I recogn without prior warning or notice to conduct inspections of its property including in certain circumstances any personal property.	nize and agree that the Company may exercise its right
Signature:	Date: