



APPLICATION FOR EMPLOYMENT

Confidential

The Company will maintain this application in an active status for thirty (30) days. If you desire to be considered for employment after thirty (30) days from the date of the application, you must complete and submit a new application, or come by the store and have the Manager update the application.

Galaxy Foods is an Equal Opportunity Employer and the Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law.

DATE OF APPLICATION:	
BACKGROUND INFORMATION (Please print all information)	
Name: _____	
Address: _____	
Social Security No.: _____	Home Tel. No.: _____
Work Tel. No.: _____	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If less than 18 years of age, please provide date of birth: _____	
Are you a citizen of the United States? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
If not, have you received authorization from the United States Immigration and Naturalization Service to work in this country? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
(Note: *Appropriate documentation will be required upon offer and acceptance of employment.)	
POSITION DESIRED	
Position Desired: _____ Date Available for Employment: _____	
FT/PT Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either	
Will it be a problem for you to work nights or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Minimum starting salary or rate expected: \$ _____	
Have you ever been employed by Galaxy Foods before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list date(s): _____	
Do you have any relatives employed by Galaxy Foods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what are their name(s) and store location(s): _____	

To the best of your knowledge, are you able to perform the functions of the job(s) for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly explain why you are applying for this position:	

EDUCATION		Applicant's Name:										
Circle highest grade completed:		High School					College				Graduate School	
		8	9	10	11	12	1	2	3	4	1	2
School	Name of School	City, State	Avg. Grade	Date of Degree				Degree/Major				
High School												
College/Trade School												
Graduate School												
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe any other training or courses of study:												

EMPLOYMENT HISTORY

List all former employers, starting with the most recent. Use additional paper if necessary.

Firm Name, Address & Phone	Month/Year Started/Left	Position & Duties	Supervisor	Last Salary	Reason for Leaving
	Started:				
	Left:				
	Started:				
	Left:				
	Started:				
	Left:				
	Started:				
	Left:				

May we contact your present employer? Yes No

Please provide any additional information about you and the skills you possess that would assist us in making our decision to hire you:

ADDITIONAL INFORMATION

Applicant's Name: _____

Have you ever been convicted of, or pleaded guilty to, a crime other than a minor traffic offense?

Yes No

If yes, please explain:

Have you ever been discharged or requested to resign from any position due to misconduct, theft, or unsatisfactory performance?

Yes No

If yes, please explain:

Have you ever served in the military?

Yes No

If yes, please list dates served:

From: _____ To: _____

If yes, were you honorably discharged?

Yes No

Please list all your previous addresses for the past ten (10) years, beginning with the most recent.

Year(s)		Address			
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
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	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip
	to	Street Address	City	State	Zip

REFERENCES

Applicant's Name: _____

Give name, address, and telephone number of three business references (such as a former immediate supervisor) who are not related to you.

Name	Address	Telephone Number

RELEASE**PLEASE READ CAREFULLY**

I certify that the foregoing answers are true and correct to the best of my knowledge, and understand that any misstatement or omission as to any fact will constitute grounds for my immediate dismissal or rejection of my application. The correctness of all statements made in this application may be investigated. In connection with such investigation, I authorize all former employers and other persons contacted, to release any and all information in their possession, which has or may have a bearing on my suitability as an applicant, and I release all employers or other persons supplying or requesting such information from any and all liability.

Signature of Applicant: _____ Date: _____

Neither the acceptance of this application nor the subsequent entry into a type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement(s), and the like, as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee, or otherwise to change in any respect the **employment-at-will relationship** between it and the undersigned, which cannot be altered except by written instrument signed by the owner of the Company. Both the undersigned or the Company may end the employment relationship at any time, without specified notice or reason, and without liability by the Company to the undersigned except for earned wages or salary.

Signature of Applicant: _____ Date: _____

I recognize and acknowledge that Galaxy Foods is fully committed to a workplace free from illegal drugs and persons who abuse drugs. In this regard, I expressly consent to a pre-employment drug test, the results of which will be considered by the company in its decision to hire me.

Signature of Applicant: _____ Date: _____

NOTICE

FAIR CREDIT REPORTING ACT DISCLOSURES

1. Please read the following information **CAREFULLY**. The information here contains important rights you have under Federal and State law and regulations.
2. In connection with your application for employment (and subsequent employment, if you are hired), Galaxy Foods may request public record information about you from consumer reporting agencies. These reports may include the following types of information: names and dates of previous employers, work experience, reason for termination of employment, driving record, credit history, criminal background, etc.
3. We may use this consumer report to make decisions concerning your employment. This includes an evaluation of your application for employment, promotion, reassignment or retention.
4. If you fail to give Galaxy Foods authorization in writing to receive such reports, your application may be denied or your employment could be terminated.
5. If any adverse action is taken against you based solely or in part on the consumer report obtained, Galaxy Foods will supply you with a copy of the report.
6. If an adverse action is taken against you based solely or in part upon an obtained consumer report, you will be given notice of the adverse action; the name and address and telephone number of the reporting agency; and an explanation of your rights under the Fair Credit Reporting Act, as prescribed by the Federal Trade Commission.
7. I hereby authorize Galaxy Foods to obtain a copy of my consumer reports, if any exist. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure reports at any time during my employment.

Signature of Applicant: _____ Date: _____

Name Printed: _____ Date: _____

Driver's License Number : _____