



APPLICATION FOR EMPLOYMENT

Mary Ann's Specialty Foods Inc. is an Equal Opportunity Employer

Personal Information:

Last Name: _____ First Name: _____
House Address: _____ City: _____ State: _____ ZIP: _____
Telephone: _____ Email: _____ Referred By: _____

Employment Desired:

Position Desired: _____ Desired Start Date: _____
Are you currently employed? Yes No Desired Pay: _____
Are you legally eligible to work in the USA? Yes No
Have you ever applied or been employed at Mary Ann's Foods before? Yes No
If so, when? _____ Which department? _____

Education:

High School: _____ Years Attended: _____ Graduate? Yes No
College/Higher Ed: _____ Years Attended: _____ Graduate? Yes No

Former Employers:

Start Date: _____ End Date: _____ Reason for Leaving: _____
Name and Address of Employer: _____ Position: _____
Start Date: _____ End Date: _____ Reason for Leaving: _____
Name and Address of Employer: _____ Position: _____
Start Date: _____ End Date: _____ Reason for Leaving: _____
Name and Address of Employer: _____ Position: _____



APPLICATION FOR EMPLOYMENT

Mary Ann's Specialty Foods Inc. is an Equal Opportunity Employer

References:

List the names of 3 persons not related to you, whom you have known for a year.

Name:

Phone:

Business:

Years Known:

Name:

Phone:

Business:

Years Known:

Name:

Phone:

Business:

Years Known:

"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 authorized 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 this company from liability for any damage 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., or to make any agreement contrary to the foregoing, unless it's 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."

Signature:

Date:

Submit the Application at www.maryannsfoods.com/apply-in-english