



**Southwest Foodservice Excellence, LLC**  
 2532 North 4<sup>th</sup> Street #308  
 Flagstaff, AZ 86004  
 Fax: (928) 714-0388

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_____
(For office Use Only)

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please fill out the application completely even if you attach a resume. Please be aware that applications can only be accepted for current openings. Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. Southwest Foodservice Excellence, LLC is an equal opportunity employer.

### PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER DAY ( ) EVENING ( )			

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	

### AVAILABILITY FOR WORK

FULL TIME YES <input type="checkbox"/> NO <input type="checkbox"/>	PART TIME YES <input type="checkbox"/> NO <input type="checkbox"/>
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU WORK OVERTIME ON WEEKENDS IF NECESSARY? YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE ANY ON-GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:	

### PERSONAL

IF REQUEST, WOULD YOU BE WILING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU AT LEAST 18 YEARS OLD?	YES <input type="checkbox"/> NO <input type="checkbox"/>
CAN YOU PROVIDE DOCUMENTED PROOF OF LEGAL U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED? IF YES, PLEASE EXPLAIN:	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION EXCEPT A MINOR TRAFFIC VIOLATION? IF YES, PLEASE PROVIDE DETAILS:	YES <input type="checkbox"/> NO <input type="checkbox"/>

(NOTE: A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT)

**EDUCATION & TRAINING**

	SCHOOL NAME CITY & STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES, DEGREES
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE OR UNIVERSITY			YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER EDUCATION			YES <input type="checkbox"/> NO <input type="checkbox"/>	
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

**EMPLOYMENT RECORD: DO NOT indicate "see resume"**

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet of paper if necessary and include all periods of unemployment.

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE # OF EMPLOYER</u>	STARTING SALARY \$ _____	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY \$ _____		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE # OF EMPLOYER</u>	STARTING SALARY \$ _____	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY \$ _____		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		
MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE # OF EMPLOYER</u>	STARTING SALARY \$ _____	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY \$ _____		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

**EMPLOYMENT RECORD (continued)**

MONTH/YR STARTED	NAME, ADDRESS, PHONE # OF EMPLOYER	STARTING SALARY \$ _____	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY \$ _____		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?		

**WORK REFERENCES:** Please provide a minimum of two (2):

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER
			( )
			( )
			( )
			( )

**PERSONAL REFERENCES:** Please provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY & TITLE	YEARS ACQUAINTED	TELEPHONE NUMBER
			( )
			( )
			( )
			( )
			( )

**CERTIFICATE OF APPLICANT (Read carefully before signing)**

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Southwest Foodservice Excellence, LLC or its representative concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless Southwest Foodservice Excellence, LLC, its subsidiaries or affiliate companies, employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. **I understand this is a preliminary application and not a contract to employ me.** Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that any employment agreement to the contrary must be in writing and approved by the Members of Southwest Foodservice Excellence, LLC. If employed, I agree to comply with all rules of the company as a condition of continued employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_