

**THE NUTRITION GROUP
APPLICATION FOR EMPLOYMENT**

THE NUTRITION GROUP is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications regardless of race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PERSONAL INFORMATION

Date: _____

| | | |
|-----------|-------|--------|
| Last Name | First | Middle |
|-----------|-------|--------|

Street Address

City, State, Zip

| | | |
|------------|----------------|------------|
| Home Phone | Business Phone | Cell Phone |
|------------|----------------|------------|

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of a crime which has not been annulled, expunged or sealed by a court?
 Yes No

If yes, describe in full:

Have you been named as a perpetrator in an indicated or founded report of child abuse?
 Yes No

If yes, describe in full:

EMPLOYMENT DESIRED

| | | |
|----------|--------------------|----------------|
| Position | Date you can start | Salary desired |
|----------|--------------------|----------------|

Are you employed now? Yes No
If yes, may we contact your present employer? Yes No

Have you ever applied for employment with us before? Yes No
If yes, Month & Year _____ Location _____

Have you ever been employed with us before? Yes No
If yes, give date _____

EDUCATION

| School | Name & Location | Course | # of Yrs. | Did you Graduate? | Degree/Diploma |
|----------------------|-----------------|--------|-----------|-------------------|----------------|
| Graduate | | | | Yes No | |
| College | | | | Yes No | |
| Business/Trade/Tech. | | | | Yes No | |
| High School | | | | Yes No | |

If currently a student, on what date will you return to school and no longer be available for work?
Date: _____

EMPLOYMENT EXPERIENCE- (Minimum Last 5 years)

Company Name ()
Telephone

Address

From: _____ To: _____ Start _____ Last _____
Employed (State month & year) Weekly Pay

Name of Supervisor

State Job Title & Describe Work

Reason for Leaving

Company Name ()
Telephone

Address

From: _____ To: _____ Start _____ Last _____
Employed (State month & year) Weekly Pay

Name of Supervisor

State Job Title & Describe Work

Reason for Leaving

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employees:

1. _____
2. _____
3. _____

I understand and agree that:

- 1) Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
- 2) It is my understanding that Nutrition, Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving of any information requested and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
- 3) It is my understanding that for employment with Nutrition, Inc. that I must complete and pass necessary Child Abuse Clearances, State Criminal Background Check and FBI fingerprinting Background Check. I further understand that Employment located within a School District may be controlled by state law for eligibility and this is not within the discretion of Nutrition, Inc. Pennsylvania Applicants must also complete Act 168 Documents before Employment could begin.

I have read and understand the above:

I verify that the facts set forth in my Application for Employment are true and complete.

Date: _____

Signature: _____