

# House Foods America Corporation

7351 Oranewood Ave. Garden Grove, CA 92841  
Telephone (714)901-4350 – Fax (714)901-4235

## Employment Application

An Equal Opportunity Employer

\_\_\_\_\_  
Date Last Name First Name Middle

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
Cell Phone Home Phone Email Address

### Employment Desired

Position applying for: \_\_\_\_\_

### Personal Information

Have you ever applied to work for House Foods America Corporation before? Yes No

If yes, when? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you be able to work overtime? (this includes working on weekends or holidays)..... Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?..... Yes No

If no, describe the functions that cannot be performed:

\_\_\_\_\_  
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Do you have any friends or relatives working for House Foods America Corporation? Yes No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

**(Note: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale or if doing so could create conflicts of interest)**

# Employment Application

---

## Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name	_____	Yes   No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip Code
College/ University	_____ Name	_____	Yes   No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip Code
Vocational Business	_____ Name	_____	Yes   No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip Code
Health Care Training	_____ Name	_____	Yes   No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip Code

# Employment Application

---

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Current Employer?..... Yes No

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?..... Yes No

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Current Employer?..... Yes No

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?..... Yes No

Note: Attach additional page(s) if necessary.

# Employment Application

---

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	_____ Phone Number		
_____ Address & Street		_____ City	_____ State	_____ Zip Code
_____ Occupation	_____ No. of Years Acquainted			

_____ First Name	_____ Last Name	_____ Phone Number		
_____ Address & Street		_____ City	_____ State	_____ Zip Code
_____ Occupation	_____ No. of Years Acquainted			

_____ First Name	_____ Last Name	_____ Phone Number		
_____ Address & Street		_____ City	_____ State	_____ Zip Code
_____ Occupation	_____ No. of Years Acquainted			

# Employment Application

---

Please Read Carefully, Initial Each Paragraph and Sign Below.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize **House Foods America Corporation** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature