



# The Fremont Company

*Feed the World Like Family*

## Application for Employment

The Fremont Company is an Equal Opportunity and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, sexual orientation or any other protected group status.

**DIRECTIONS:** Complete the entire application. You may attach a resume, but you must still complete all questions. "See Resume" is not an acceptable response. Your application will be deemed incomplete and may not be considered if any fields are left blank or reference your resume.

APPLICANT INFORMATION			
Name (Last, First, Middle):			
Other names under which you have attended school or been employed:			
Street Address:		City, State & Zip:	
Home Phone:	Cell Phone:	E-mail:	
Are you eligible to work in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Position(s) Applied for:		Desired Salary:	
If required for position, do you have a valid driver's license?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you learn about this opportunity at The Fremont Company? Check all that apply: <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Internet <input type="checkbox"/> Referral by Employee <input type="checkbox"/> Ad in newspaper <input type="checkbox"/> Other			
Have you worked here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list dates and positions held: _____ _____			
Do you have friends/relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please list them: _____			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered "Yes", please explain:  (Answering "Yes" is not an automatic disqualification)			
Do you presently or have you in the last 12 months, used tobacco-related products such as cigarettes, cigars, smokeless tobacco, vapor/vaping products or any other tobacco products. <input type="checkbox"/> Yes <input type="checkbox"/> No			
WORK AVAILABILITY			
Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Available to start:	Available to work: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> OT		
Shift work availability: <input type="checkbox"/> 1 <sup>st</sup> Shift <input type="checkbox"/> 2 <sup>nd</sup> Shift <input type="checkbox"/> 3 <sup>rd</sup> Shift			

**WORK EXPERIENCE** - Please detail your work history; attach additional sheets if necessary. Omission of prior employment may be considered falsification of information.

**Organization Name and Address:**

Dates Employed: From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs/wk: _____	Title: _____
--	--	--------------

Wages (Hourly/Salary): _____	Bonuses: _____	W2 Earnings: _____
------------------------------	----------------	--------------------

May we contact this Employer?       No     Yes     Only if I am a finalist candidate

Supervisor's Name, Phone, E-mail: \_\_\_\_\_

Primary duties: \_\_\_\_\_

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

**Organization Name and Address:**

Dates Employed: From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs/wk: _____	Title: _____
--	--	--------------

Wages (Hourly/Salary): _____	Bonuses: _____	W2 Earnings: _____
------------------------------	----------------	--------------------

May we contact this Employer?       No     Yes     Only if I am a finalist candidate

Supervisor's Name, Phone, E-mail: \_\_\_\_\_

Primary duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Organization Name and Address:**

Dates Employed: From: _____ To: _____	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs/wk: _____	Title: _____
--	--	--------------

Wages (Hourly/Salary): _____	Bonuses: _____	W2 Earnings: _____
------------------------------	----------------	--------------------

May we contact this Employer?       No     Yes     Only if I am a finalist candidate

Supervisor's Name, Phone, E-Mail: \_\_\_\_\_

Primary duties: \_\_\_\_\_

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

**EDUCATION INFORMATION**

High School:	City, State: _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree: Diploma <input type="checkbox"/> GED <input type="checkbox"/>	Major/Minor: _____
--------------	--------------------	---	--	--------------------

Technical School:	City, State: _____	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Certificate	Major/Minor: _____
-------------------	--------------------	---	-----------------------	--------------------

College:	City, State: _____	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Degree:	Major/Minor: _____
----------	--------------------	---	-----------------	--------------------

REFERENCES*			
Name:	Title:	Telephone:	E-Mail:
Type of Reference: Personal <input type="checkbox"/>		Professional <input type="checkbox"/>	Number of years known:
How do you know this reference?			
Name:	Title:	Telephone:	E-Mail:
Type of Reference: Personal <input type="checkbox"/>		Professional <input type="checkbox"/>	Number of years known:
How do you know this reference?			
Name:	Title:	Telephone:	E-Mail:
Type of Reference: Personal <input type="checkbox"/>		Professional <input type="checkbox"/>	Number of years known:
How do you know this reference?			

**\*PLEASE NOTE:** The Fremont Company reserves the right to contact any or all references.

**PLEASE READ CAREFULLY:**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize The Fremont Company, its representatives or agents, to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. A criminal and/or credit background investigation appropriate for the job function and business necessity will be performed. If related criminal records are revealed in the process, the applicant will not necessarily be disqualified automatically.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete the Form I-9 in this regard.

I further understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for guaranteed continued employment. I understand that employees of The Fremont Company serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

**PLEASE SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:**

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

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

