



# APPLICATION FOR EMPLOYMENT

## Napoli Foods, Inc.

We are an equal opportunity employer, dedicated to a policy of non-discrimination on any basis, including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION

Date		Social Security #		
Name				
Last		First	Middle	
Present Address				
Street		City	State	Zip
Permanent Address				
Street		City	State	Zip
Phone No.				
Referred By		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMPLOYMENT DESIRED

Position		Date You Can Start		Salary Desired
Are You Employed Now?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have You Applied to Napoli Foods Before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when?

### EDUCATION

	Name & Location of School	Years Completed	Did You Graduate?	Subjects Studied & Degrees Received
Grammar School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

### GENERAL INFORMATION

Subjects of Special Study or Research Work
Job Related Skills (typing, licenses, etc)

(turn over)

## EMPLOYMENT HISTORY

List your last four employers, starting with the most recent.

Date (Month & Year)	Employer's Name & Address	Salary (Start & End)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

## REFERENCES

List three persons not related to you, whom you have known at least one year.

	Name	Address	Position	Years Acquainted
1				
2				
3				

**If you are to be hired by Napoli Foods, Inc. you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.**

## AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Napoli Foods, Inc.

I understand that any employment is conditioned on a background check. I authorize Napoli Foods, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Napoli Foods, Inc., without giving me prior notice of such disclosure. In addition, I release Napoli Foods, Inc., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Napoli Foods, Inc.. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Napoli Foods, Inc. unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Napoli Foods, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Napoli Foods, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Napoli Foods, Inc.'s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Napoli Foods, Inc. to hire. If hired, I agree to abide by all company work rules, policies and procedures. Napoli Foods, Inc. retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature

Date