



Employment Application

- Are you friendly, energetic, outgoing?
- Can you talk to people easily?
- Can you smile?
- Good Communicator?
- Are you Reliable and can be flexible?

If you can answer yes to the above questions BoB's would like you to fill out our employment application. BoB's has many employees that have worked here for many years and have a strong commitment to our company. If you have the desire for "Positive" customer service, then we would love for you to be part of our team.

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please call and ask for Sheila and every effort will be made to accommodate your needs in a reasonable amount of time. Sheila's direct phone number is (763) 528-2363.

1. Please read "**APPLICANT NOTE.**"
2. Complete both sides of this form.
3. Print clearly; incomplete or illegible applications will not be processed.
4. The **DISCLOSURE & RELEASE AUTHORIZATION** on page four is required. The information will be kept confidential.
5. When the forms are completed, please return to the customer service counter. Sheila (Director of Operations) will review the application.

7620 UNIVERSITY AVE
FRIDLEY 763 571-6620
SINCE 1959
OVER 50 YEARS

WWW.BOBSPRODUCE.COM
quality1@bobsproduce.com

EMPLOYMENT APPLICATION



TODAY'S DATE: _____

NAME: _____
Last First M.I.

CURRENT ADDRESS: _____
Street

City, State, Zip: _____
City State Zip

County: _____

Day-time, Home Phone
 () _____

Optional or Cell Phone
 () _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin, the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. This application applies only to the position specified. It is considered inactive after 45 days. If at any time after this point you wish to be considered for employment within this company, another application must be completed.

AVAILABILITY

Are you legally able to work in the United States? Yes No

Which Position are you applying? _____

Is your age? 14 15 16 17 18+

What date can you start: ASAP 2 Weeks Other _____

Which category would you prefer? Full-time (37+) Part-time (21-36) Part-time (10-20) Seasonal

For which schedules are you available? Weekdays Weekends Days Evenings After School Other _____

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?
High School		
College		
Other		

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.
(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction and will not necessarily affect your eligibility to be hired.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related. Please exclude any information indicative of age, sex, religion, national origin, or disability.

Please list any other skills; licenses, certificates or organizations that you belong to that may be job-related or that you feel would be of value to this job or company.

EMPLOYMENT REFERENCES

Your application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct *telephone numbers of past employers are critical.*

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?			()
	Company Name _____	City _____	State _____	Phone Number _____
	From <i>(mon/yr)</i> _____ To <i>(mon/yr)</i> _____	Job Title _____	Supervisor's Name _____	
	Dates Employed _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____			
SECOND MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?			()
	Company Name _____	City _____	State _____	Phone Number _____
	From <i>(mon/yr)</i> _____ To <i>(mon/yr)</i> _____	Job Title _____	Supervisor's Name _____	
	Dates Employed _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____			
THIRD MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?			()
	Company Name _____	City _____	State _____	Phone Number _____
	From <i>(mon/yr)</i> _____ To <i>(mon/yr)</i> _____	Job Title _____	Supervisor's Name _____	
	Dates Employed _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____			

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

CERTIFICATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omission or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that the use of illegal drugs is prohibited during my employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree that if I am employed, my employment shall not be construed as being for any definite period of time, but will be for an indefinite period, terminable at will by Company or me.

RELEASE

Signing certifies and authorizes the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, former employers and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant Name *(please print)* _____
First *Last*

Signed _____ Dated _____

DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that you may be requesting information concerning my motor vehicle operation history, credit history report, criminal history, educational history, professional licensure and certification, and workers' compensation claims from various state, private and insurance sources along with other public records available. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EDUCATIONAL INSTITUTION, EMPLOYER OR INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor.

TODAY'S DATE _____ SIGNATURE _____

The following must be filled out completely:
(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ STATE DRIVER'S LICENSE WAS ISSUED _____



FOR EMPLOYER USE ONLY

ACCOUNT NUMBER _____

YOUR NAME _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

FAX NUMBER _____ PHONE NUMBER _____

- CHECK THE ONES THAT APPLY**
Search(es) Requested:
- Workers' Compensation from these states:

 - MVR (driving record)
 - Criminal History from these states or counties:

 - Other

 - This background check is required by Minn. Stat. §____