

# Application for Employment

ENP Nutrition is an equal opportunity employer and does not discriminate against any employee or applicant from employment because of race, color, religion, creed, sexual identity or preference, pregnancy or related conditions, national origin, age, marital status, disability, or any other protected class. This policy applies to all personnel activities including promotions, demotions, recruiting, advertising, termination, and compensation.

## Personal Information (Please print)

First & Last Name \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Referred  
by \_\_\_\_\_ Are you at least 18 Yrs of Age? Y/N  
DOB: \_\_\_\_\_ Date you can start \_\_\_\_\_

How many hours per week do you want to work \_\_\_\_\_ Specify  
Hours available for each day of the week (don't forget am/pm)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

## Education, Skills, Certifications

Highest level of formal education completed & (if applicable) major \_\_\_\_\_ Food  
Handler Card? Y/N \_\_\_\_\_ City/county/State \_\_\_\_\_

Any other applicable skills, awards, and/ or certifications:

\_\_\_\_\_

## Emergency Contacts

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

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

## Former Employers

Please list your past employers, starting with the most recent (and/or current) one first.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Supervisors Name \_\_\_\_\_ Reason for  
Leaving \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Supervisors Name \_\_\_\_\_ Reason for  
Leaving \_\_\_\_\_

I authorize ENP Nutrition to investigate my background, references, employment record, and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by ENP Nutrition to provide any relevant information regarding my current and /or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal.

This job requires the following physical abilities: safely and repeatedly lifting up to 50 pounds, standing for the duration of the shift (up to 8 hours), crouching, reaching, twisting, grabbing, pulling, and pushing, in a generally busy and fast-paced environment.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate ENP Nutrition to hire me.

ENP Nutrition cannot provide compensation for employees that do not provide proof of the legal right to work in the United States.

I have read and fully understand this employment application and seek employment under these terms.

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