

PLEASE PRINT CLEARLY

Employment Application Denio's Roseville Farmers Market & Auction, Inc. 2013 Opportunity Drive, #140, Roseville, Ca 95678 PH: 916-782-2704 Equal Opportunity Employer

DATE:

Application Information

FOR OFFICE USE ONLY	
EMPLOYEE #	
BADGE #	

NAME			EMAIL_				
ADDRESS		PI	HONE_(_)_		!:	s this a cell?: Y N
CITY			STATE:			ZIP	
Position you are applying for: Date you can start:							
Have you ever applied to OR worked for DENIO'S? Yes No If yes, when? Position:							
Do you have friends or relatives working for DENIO'S? Yes No State their name: Relationship:							
Are you at least 18 y	vears old? Yes No (If under	18, work perm	it will be	requir	ed.)		
If hired, can you pre	sent evidence of your U.S. citizenship/proof	of your legal r	ght to liv	e and	work in this	country?	Yes No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No							
If no, describe the fu	unctions 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/or skill and agility tests.)							
SPECIAL SKILLS Please list languages, other than English, you speak or write Do you speak? write?							
List other experience, training, qualifications or skills which you feel make you especially suited for work at Denio's.							
School	Name & Address of School		No. Ye Comple		Did You G	raduate?	Subjects Studied
High School					Yes	No	
College/University					Yes	No	
Vocational/Business	3				Yes	No	
Month/Year Of Employment	Employer Name & Address	Supervisor & Phone Number		Position Title and Responsibilities			Reason for Leaving
From							
То							
From							
To							

From To

Please read and initial each paragraph below. If there is any part of this page you do not understand, please ask the interviewer about it before signing

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. I further certify that I, the undersigned applicant, have personally completed this application. I

understand that any faisification, material omission or misstatement on t shall be grounds for rejection of this application or for immediate disc	
discovery.	Initial:
hereby authorize Denio's and its representatives to contact my prior information I have supplied and to thoroughly investigate my references, other matters related to my suitability for employment. Further, I will fun formation by signing a Request, Authorization, Consent and Release of Disclosure of Information.	employment background, education, professional credentials and ully assist and cooperate with Denio's in the effort to obtain this
	Initial:
understand an offer of employment may be made contingent on pass controlled substances screening and a physical examination at Denio's s medical practitioner upon receiving a conditional offer of employment wit	sole discretion and expense administered by Denio's designated th Denio's.
	Initial:
understand that nothing contained in the application or conveyed to me an employment contract, implied or explicit, between me and Denio's. employment relationship with Denio's is strictly voluntary and at our mut definite period and may be terminated at any time, with or without prio myself or Denio's and that no promises or representations contrary to the signed by the President and myself.	In addition, I understand and agree that if I am employed, my sual will. I understand that if employed, my employment is for no r notice, with or without cause or reason, at the option of either
understand and agree that any future changes in my title, duties, compensorocedures will not alter our at-will.	Initial:
understand that if offered employment, I will, as a condition of employn work in the United States on my first day of employment.	
In the event my position requires driving in the course of work, I understa driver's license and I consent to Denio's obtaining a copy of my official d that any offer of employment is contingent on my ability to be covered by	and that I will be required to possess a current and valid California riving record, and I will provide proof of insurance. I understand
understand that there are no guaranteed hours. Additionally, scheduled weather.	
	Initial:
My signature certifies I have read and understand these pages, and agree	to the terms and conditions outlined this document.
Applicant Signature:	
DO NOT WRITE BELOV	V THIS LINE
nterviewed By:	Date: / /
Notes:	
	First day worked
	Department
	Pay rate
	<u> </u>

AUTHORIZATION, CONSENT and RELEASE of INFORMATION RELEASE FROM LIABILITY for DISCLOSURE of INFORMATION FORM

I hereby authorize Denio's to thoroughly investigate my references, employment	background, education, professional
credentials and other matters related to my suitability for employment. Further, I author	orize my current and former employers
to disclose to the company any and all letters, reports and/or other information pertaining	ing to my employment with them.
I hereby release Denio's, my current and former employers, and all other personassociations from any and all claims, demands or liabilities arising out of or in any disclosure.	
In accordance with California Law AB1655, I understand I will receive a copy of any ba	ackground information obtained.
My signature below authorizes any request; consents to release of information; and reas stated above.	eleases from liability for any disclosure
Applicants SignatureDate	<u>, </u>