

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

FOR OFFICE USE ONLY

EMPLOYEE # ____ BADGE # ____

PLEASE PRINT CLEARLY DATE: / /								
Application Information								
NAME			EMAIL					
ADDRESS	PHONE_() Is this a cell?: Y N							
CITY	STATE: ZIP							
Position you are ap	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 years old? Yes No (If under 18, work permit will be required.)								
If hired, can you present evidence of your U.S. citizenship/proof of your legal right to live 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?								
If no, describe the functions 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 Gi	raduate?	Subjects Studied	
High School					Yes	No		
College/University					Yes	No		
Vocational/Busines	55				Yes	No		
Month/Year Of Employment							Reason for Leaving	
From								
То								
From								

То

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 falsification, material omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Denio's and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied and to thoroughly investigate my references, employment background, education, professional credentials and other matters related to my suitability for employment. Further, I will fully assist and cooperate with Denio's in the effort to obtain this information by signing a Request, Authorization, Consent and Release of Information Form, which includes a Release from Liability for Disclosure of Information.

I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and a physical examination at Denio's sole discretion and expense administered by Denio's designated medical practitioner upon receiving a conditional offer of employment with Denio's.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between me and Denio's. In addition, I understand and agree that if I am employed, my employment relationship with Denio's is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Denio's and that no promises or representations contrary to the foregoing are binding on Denio's unless made in writing and signed by the President and myself.

I understand and agree that any future changes in my title, duties, compensations, working conditions, and or Denio's benefits, policies and procedures will not alter our at-will.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

In the event my position requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license and I consent to Denio's obtaining a copy of my official driving record, and I will provide proof of insurance. I understand that any offer of employment is contingent on my ability to be covered by Denio's auto insurance, if required for my position.

I understand that there are no guaranteed hours. Additionally, scheduled hours may fluctuate due to the level of business and changes in weather.

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 BELOW THIS LINE

Interviewed By:	Date:	
Notes:		Date of hire First day worked Department Pay rate

Initial:

Initial:

Initial:

Initial:

_Date:____ /

Initial:

Initial:

Initial:_____

Initial:_____

Revised

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 authorize my current and former employers to disclose to the company any and all letters, reports and/or other information pertaining to my employment with them.

I hereby release Denio's, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

In accordance with California Law AB1655, I understand I will receive a copy of any background information obtained.

My signature below authorizes any request; consents to release of information; and releases from liability for any disclosure as stated above.

Applicants Signature_____

Date_____