



567 Cinnabar Street  
San Jose, CA 95110  
408-727-4826

727 Kennedy Street  
Oakland, CA 94606  
510-533-3444

255 Channel Street  
San Francisco, CA 94107  
415-865-0404

1670 Overland Court  
West Sacramento, CA 95691  
916-372-7772

## APPLICATION FOR EMPLOYMENT

PRINT OR TYPE – Fill out completely

PERSONAL DATA				
Last Name	First Name	M.I.	Social Security No.	Business Phone ( ) May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip
Other Names Used		If employed by PITCO, can you provide documents establishing your legal right to work in the United States as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No		Residence Phone ( ) Cell Phone ( ) Pager ( )
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				E-mail Address

TYPE OF WORK DESIRED	
Please indicate the type of position(s) you desire	Salary desired  Date Available
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hours ) <input type="checkbox"/> Summer Only If required, will you be willing to work: <input type="checkbox"/> Overtime Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Grave	Have you previously applied for employment at PITCO? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span> Have you previously been employed by PITCO? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> How were you referred to PITCO? <input type="checkbox"/> Ad <input type="checkbox"/> Employee <input type="checkbox"/> College <input type="checkbox"/> Agency <input type="checkbox"/> State EDD <input type="checkbox"/> Self <input type="checkbox"/> Other: _____ Name of Employee/Source

1) Have you ever been convicted of a misdemeanor or felony, including any sexual related crimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are you pending trial for a criminal offense for which you are out on bail on your own recognizance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list dates, places, charges and disposition. (A conviction that is disclosed herein is NOT an automatic disqualification from employment.)	

TRAINING AND EDUCATION				
Name and Location	Did you graduate?	Diploma/ Degree	Field of Study	Overall Scholastic Average
	Yes      No			
High School				
Business College				
College / University				
College / University				

Additional training/classes/qualifications.
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## EMPLOYMENT HISTORY

Please list your employment history beginning with your most recent position. **This MUST be completed whether or not you attach a resume. Employment dates must be consecutive and all times accounted for.** Please use additional sheets if necessary. Include Military Service if applicable.

Most Recent Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

Previous Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

Previous Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

Previous Employer		Address		From (mo./yr.)	To (mo./yr.)
Starting Position		Last Position		Starting Base Salary per	
Name of Supervisor	Title	Telephone No./Ext.		Final Base Salary per	
Description of Duties				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving					

**INDICATE SKILLS IN THE FOLLOWING AREAS IF APPLICABLE**

Type  WPM	What office equipment can you operate proficiently?
Can you perform the essential functions of the position applied for, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain the functions that cannot be performed.	
In order of proficiency, list your technical skills:	
1.	4.
2.	5.
3.	6.

**PROFESSIONAL REFERENCES**

Please give the names of three people in your field (past managers or supervisors) who know you and can provide information regarding your job-related capabilities.

Name	Title	Company	Telephone
			(    )
			(    )
			(    )

**PERSONAL REFERENCES**

Please give the names of three people in your field (past managers or supervisors) who know you and can provide information regarding your job-related capabilities.

Name	Title	Company	Telephone
			(    )
			(    )
			(    )

**- IMPORTANT -**

PLEASE READ CAREFULLY

**AUTHORIZATION AND RELEASE**

**CERTIFICATION**

I certify that my answers in this application and in my personal interview are true and correct. I agree that any omissions, misrepresentations or falsifications of information may disqualify me from employment and, if hired, may be grounds for termination of employment.

I understand this application is not an employment contract nor can it be used to create a contract. Employment by PITCO FOODS has no specific term, regardless of length of service, and may be terminated at the will of either party on notice to the other. I acknowledge that PITCO FOODS has not made any promises or representations that differ from those contained in this paragraph. Promises or guarantees of employment on any other basis are not binding for PITCO FOODS unless they are written and signed by the Owner/President of the Corporation.

I hereby authorize PITCO FOODS to conduct background investigations and check references in association with this application for employment. Further, I authorize any individual, company, business entity, institution, or government agency having relevant information to furnish PITCO FOODS with that information.

I hereby release and agree to hold harmless any individual, company, business entity, institution, or government agency from all liability with regard to furnishing that information to PITCO FOODS. Further, I hereby agree to release and hold PITCO FOODS harmless from all liability with respect to the receipt of such information.

I have read and understand all the above limitations on and conditions of my employment and authorize the investigation, etc. referred above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest.  
PITCO FOODS, Inc. is an equal opportunity/affirmative action employer.



## EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant.

**Completion of this form is entirely voluntary and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes. It will not become part of your personnel record if you are hired by this company.**

Name: \_\_\_\_\_

Please indicate your gender by checking the applicable box:

male  female

Please check next to your race/ethnic group:

- White/Caucasian (Not of Hispanic Origin) - All persons having origins in any of the original people of Europe, North Africa or the Middle East.
- Black (Not of Hispanic Origin) - All persons having origins in any of the black racial groups of Africa.
- Hispanic All persons having origins in Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture, regardless of race.
- Asia/Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islands. This area includes China, Japan, Korea, the Philippines and Samoa.
- American Indian/Eskimo All persons having origins in any of the original peoples of North America, and who have maintained cultural identification through tribal affiliation or community recognition.

Please check the boxes next to any of the following items that are applicable to you:

- Vietnam Veteran A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefore with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected.
- Disabled Veteran A veteran entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- Disabled Any individual who has a physical or mental impairment which substantially limits one or more of the major life activities, has a record of such an impairment, or is regarded as having an impairment.

To be completed by Employer.

- EEO-1 Category:  1. Officials and managers  6. Crafts - skilled
2. Professionals  7. Operatives - semi-skilled
3. Technicians  8. Laborers - unskilled
4. Sales  9. Service Workers
5. Office and clerical

Employer information completed by:

Name: \_\_\_\_\_ Date: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION TO OBTAIN INVESTIGATIVE CONSUMER REPORT**

As part of the PITCO FOODS, Inc. employment screening and selection process, a background and reference check is required for all employees. The objective of this process is to verify the accuracy of information provided in the application process, check references and identify other factors that might be relevant to PITCO FOODS' employment requirements. You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation conducted by a Consumer Reporting Agency. If an Investigative Consumer Report (ICR) is obtained and an adverse decision is made affecting your employment, PITCO FOODS will provide to you, before making the adverse decision, a copy of the ICR and a copy of your rights under the Fair Credit Reporting Act. PITCO FOODS reserves the right to run an ICR and/or drug screen as PITCO FOODS deems necessary at any time during your employment with PITCO FOODS. You have a right to obtain a copy of your ICR by checking the box provided below.

By signing this form, I authorize PITCO FOODS to obtain an Investigative Consumer Report, and/or drug screen as necessary at any time during my employment with PITCO FOODS. I understand that these reports may include and is not limited to information as to my character, general reputation, personal characteristics, mode of living, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Further, I understand and authorize PITCO FOODS to request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment (including salary), educational records and professional licensing if any. I further authorize that PITCO FOODS and its agents may disclose any information submitted for employment including, but not limited to information from my employment application, testing results, results of reference checks, credit, and criminal or driving record reports to client-companies as necessary.

Consumer Reporting Agency: \_\_\_\_\_

**APPLICANT INFORMATION**

First Name (please print)		Middle Name	Last Name	Maiden or other names used	
			/ /		
Social Security Number	Issuing State	Year Issued	Date of Birth*	Driver's License Number	State

**PLEASE PROVIDE 7 YEARS OF ADDRESS HISTORY**

Current Street Address	City	State	Zip	Length: yr./mos.
Previous Street Address	City	State	Zip	Length: yr./mos.
Previous Street Address	City	State	Zip	Length: yr./mos.
Previous Street Address	City	State	Zip	Length: yr./mos.

Current Phone Number \_\_\_\_\_

I wish to be furnished with a Copy of my Consumer Report

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

\*The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.