



567 Cinnabar Street
San Jose, CA 95110
408-828-2200

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

385 Valley Drive
Brisbane, CA 94005
415-865-0404

3575 Ramos Dr
West Sacramento, CA 95691
916-372-7772

APPLICATION FOR EMPLOYMENT

PRINT OR TYPE – Fill out completely and clearly

PERSONAL DATA				
Last Name	First Name	M.I.		Business Phone ()
				May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip
				Residence Phone ()
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		Cell Phone ()
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				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? Have you previously been employed by PITCO? Are you related to any past or present PITCO employee? If yes, full name of employee _____ 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: _____	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, Date _____ If yes, Date _____
Name of Employee/Source				

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

Additional training/classes/qualifications.

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		
Name of Supervisor	Title	Telephone No./Ext.	
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		
Name of Supervisor	Title	Telephone No./Ext.	
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		
Name of Supervisor	Title	Telephone No./Ext.	
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		
Name of Supervisor	Title	Telephone No./Ext.	
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 will by either party. 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: _____