

# Application for Employment

## *Cole's Quality Foods, Inc.*

1188 Lakeshore Dr.  
Muskegon, MI 49441  
(231) 722-1651

25 Ottawa Ave. SW  
Grand Rapids, MI 49503  
(616) 975-0081

1420 Progress St.  
North Liberty, IA 52317  
(319) 665-3131

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, height, weight, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.

*Fill in ALL information requested below (do not refer to your Resume). Please Print.*

Position(s) Applied For _____	Date of Application _____
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Your Last Name _____	First Name _____	Middle Initial _____
Address _____	City _____	State _____ Zip Code _____
Telephone Number(s) _____		

Best time to contact you at the above phone number is:..... _____	
Are you currently at least 18 years of age?.....	<input type="checkbox"/> Yes..... <input type="checkbox"/> No
If no, when will you be 18 years of age? _____	
Have you ever filed an application with us before?.....	<input type="checkbox"/> Yes..... <input type="checkbox"/> No
If Yes, give approximate date: _____	
Have you ever been employed with us before? .....	<input type="checkbox"/> Yes..... <input type="checkbox"/> No
If Yes, give approximate date: _____	
Do you have any family members working here? .....	<input type="checkbox"/> Yes..... <input type="checkbox"/> No
If Yes, give name(s) and relationship: _____	
May we contact your present employer?.....	<input type="checkbox"/> Yes..... <input type="checkbox"/> No
Can you provide proof of citizenship, or lawfully employable Immigration Status?.....	<input type="checkbox"/> Yes..... <input type="checkbox"/> No
<i>(this will be required upon employment)</i>	
What date are you available to start work here? _____	What is your desired hourly rate or salary range? _____
Are you available to work:	
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
<input type="checkbox"/> 1 <sup>st</sup> shift	<input type="checkbox"/> 2 <sup>nd</sup> shift
<input type="checkbox"/> 3 <sup>rd</sup> shift	<input type="checkbox"/> 10 hr shift
	<input type="checkbox"/> 12 hr shift

Cole's Personnel Dept use only: 1 <sup>st</sup> _____	Test _____
2 <sup>nd</sup> _____	Verification _____

# Education

	Name and Address Of School	Course of Study	Years completed	Diploma or Degree
Elementary School				
High School				
College				
College				
Other/Trade (Specify)				

Describe any job-related specialized training, equipment, machinery, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held (exclude any which might reveal a protected status such as gender, race, religion, etc).

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## Employment Experience

Starting with your present or last job, **list the last ten (10) years of your employment history.** List both direct employment and temporary agencies/employment. If needed, attached a separate sheet of paper for additional employer information.

<b>Employer</b>	Dates Employed From: _____ to _____
_____	Hourly Rate/Salary: Starting Rate _____
Address _____	Ending Rate _____
Telephone Number _____	Job Title _____
Supervisor _____	_____
Description of Job Duties _____	_____
Reason for Leaving _____	_____

<b>Employer</b>	Dates Employed From: _____ to _____
_____	Hourly Rate/Salary: Starting Rate _____
Address _____	Ending Rate _____
Telephone Number _____	Job Title _____
Supervisor _____	_____
Description of Job Duties _____	_____
Reason for Leaving _____	_____

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Address _____	Ending Rate _____
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Supervisor _____	_____
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Reason for Leaving _____	_____

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_____	Hourly Rate/Salary: Starting Rate _____
Address _____	Ending Rate _____
Telephone Number _____	Job Title _____
Supervisor _____	_____
Description of Job Duties _____	_____
Reason for Leaving _____	_____

## References

Name	Telephone Number
_____	_____
Address	What is your relationship to this person?
_____	_____

Name	Telephone Number
_____	_____
Address	What is your relationship to this person?
_____	_____

Name	Telephone Number
_____	_____
Address	What is your relationship to this person?
_____	_____

## Applicant's Statement

*Please read below carefully. Your signature is required.*

I certify that the answers given herein are true and complete. I authorize Cole's to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if any statement I have made in my application or interview(s) prove false or misleading, my application for employment may be rejected, or if employed, I may be discharged immediately.

This application for employment shall be considered active for a period of 90 days. Applications will be kept on file for up to one (1) year. Any applicant wishing to be considered for employment within the one (1) year period should call to reactivate the application. An applicant wishing consideration beyond the one (1) year period should reapply.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Cole's is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause, and with or without notice. It is further understood that this "at will" employment relationship may not be changed by any manager, agent, or representative, unless such change is specifically acknowledged in writing by the President and CEO of this organization.

I hereby authorize this company, its employees, its authorized agents and/or representatives to verify all information contained in my application, including previous and current employers, educational records, criminal history record check, and (if applicable) a driving record check and professional licensing verification. I also authorize Cole's to perform a drug screen and/or physical for pre-employment purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date