

Testa Produce, Inc.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Personal Information:

First Name:	Middle Initial:	Last Name:
Street Address:	City:	State / Zip Code:
Date of Birth:	Home Phone No.:	Cellular Phone No:
Social Security Number:	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right; margin-right: 100px;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></div>	

Employment Desired:

Position:	Date You Can Start:	Salary Desired:
Referred By:	Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred By Relationship:	Have you or any another family member ever worked for Testa Produce <input type="checkbox"/> Yes <input type="checkbox"/> No	

Former Employers:

List below your last three employers, starting with the last one first.

Start Date Month & Year	End Date Month & Year	Name & Address of Employer	Salary (Upon Leaving)	Position	Reason for Leaving

References:

List below three persons not related to you, whom you have known at least one year.

Name	Relationship	Phone / Address	Years Acquainted

(OVER) YOU MUST READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION

Education:

Grade	Year Completed	Name & Location of School	Subjects Studied & Degree(s) Received
High School			
College or University			
Trade School			

(OVER) YOU MUST READ AND SIGN THE REVERSE SIDE OF THIS APPLICATION

Testa Produce, Inc.

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

“IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY”

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT, OMISSION, OR MISREPRESENTATION ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO HIRE, OR DISMISSAL IF I HAVE BEEN EMPLOYED, NO MATTER WHEN DISCOVERED BY THE COMPANY.

I UNDERSTAND THAT ANY EMPLOYMENT IS CONDITIONED ON A BACKGROUND CHECK. I AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE ALL STATEMENTS CONTAINED IN MY APPLICATION OR RESUME, AND I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE INFORMATION REGARDING MY FORMER EMPLOYMENT, CHARACTER AND GENERAL REPUTATION TO THE COMPANY, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I RELEASE THE COMPANY, ANY FORMER EMPLOYERS AND ALL REFERENCES LISTED ABOVE FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION OR CONVEYED DURING ANY INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE “AT WILL” AND WITHOUT FIXED TERM, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PREMISE OR GUARANTEE IS BINDING UP THE COMPANY UNLESS MADE IN WRITING.

IF I AM OFFERED EMPLOYMENT I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND DRUG TEST BEFORE STARTING WORK. IF EMPLOYED, I ALSO AGREE TO SUBMIT TO A MEDICAL EXAMINATION OR DRUG TEST AT ANY TIME DEEMED APPROPRIATE BY THE COMPANY AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATIONS AND TESTS, AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO THE COMPANY THE RESULTS OF THE EXAMINATION, WHICH RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM MY PERSONNEL FILE. I UNDERSTAND THAT MY EMPLOYMENT OR CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, IS CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS AND DRUG TEST, AND IF I AM HIRED A CONDITION OF MY EMPLOYMENT WILL BE THAT I ABIDE BY THE COMPANY’S DRUG AND ALCOHOL POLICY.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THERE IS A POSITION OPEN AND DOES NOT OBLIGATE THE COMPANY TO HIRE. IF HIRED, I AGREE TO ABIDE BY ALL COMPANY WORK RULES, POLICIES AND PROCEDURES. THE COMPANY WORK RULES, POLICIES AND PROCEDURES. THE COMPANY RETAINS THE RIGHT TO REVISE ITS POLICIES OR PROCEDURES, IN WHOLE OR IN PART, AT ANY TIME.

Date:

Signature: