



**safe food**  
**ALLIANCE**

---

A division of DFA of California.

# **Application Packet**

Name \_\_\_\_\_

**710 Striker Avenue  
Sacramento, CA 95834  
916-561-5900**



A division of DFA of California.

## APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE ALL INFORMATION

### PERSONAL INFORMATION

Name	_____	_____	_____
	Last	First	Middle
Present Address	_____		_____
	Street	Apt. #	
	_____	_____	_____
	City	State	Zip
Permanent Address	_____		_____
	Street	Apt. #	
	_____	_____	_____
	City	State	Zip
Home Phone	_____	Cell Phone	_____
	_____	Email	_____

### EMPLOYMENT DESIRED

Position applying for \_\_\_\_\_ Location \_\_\_\_\_

☐ Full Time    ☐ Part Time    ☐ Seasonal    Date Available \_\_\_\_\_ Desired Salary \_\_\_\_\_

What days /hours are you available for work? \_\_\_\_\_

If applying for seasonal work, during what period are you available? From \_\_\_\_\_ To \_\_\_\_\_

Are you available for work on weekends    ☐ Yes    ☐ No

Would you be available to work overtime, if necessary    ☐ Yes    ☐ No

Have you ever applied for or worked for Safe Food Alliance before    ☐ Yes    ☐ No If yes, when \_\_\_\_\_

Do you have friends or relatives working for Safe Food Alliance?    ☐ Yes    ☐ No

If yes, state name(s) and relationship: \_\_\_\_\_

### EDUCATION

	Name / Location of School /Subject	Graduate?
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College	_____ Major _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Business School	_____ Subject Studied _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Safe Food Alliance? If so please explain: \_\_\_\_\_

\_\_\_\_\_

Safe Food Alliance policy is to fill every position without regard to race, religion, creed, sex, age, national origin, ancestry, or other consideration made unlawful by federal, state, or local laws. Safe Food Alliance is an equal opportunity employer please contact Safe Food Alliance Human Resources Department if you have any questions or complaints regarding this policy. We are a substance free workplace.



A division of DFA of California.

## EMPLOYMENT HISTORY

**Answer the following questions if you are applying for a professional position:**

Are you licensed / certified for the job applied for?.....☐ Yes ☐ No

Name of license / certification: \_\_\_\_\_ Issuing Body: \_\_\_\_\_

License / certification number: \_\_\_\_\_

Has your license / certification ever been revoked or suspended? .....☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To ☐ Hourly Rate Starting Ending  
☐ Annual Salary

Your Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? .....☐ Yes ☐ No

.....

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To ☐ Hourly Rate Starting Ending  
☐ Annual Salary

Your Position and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? .....☐ Yes ☐ No



A division of DFA of California.

## EMPLOYMENT HISTORY, CONTINUED

Name of Employer		Phone Number		
Type of Business		Your Supervisor		
Address & Street		City	State	Zip Code
Dates of Employment: From _____ To _____		<input type="checkbox"/> Hourly Rate Starting _____ Ending _____ <input type="checkbox"/> Annual Salary		
Your Position and Duties: _____				
Reason for Leaving: _____				
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No .....				
Name of Employer		Phone Number		
Type of Business		Your Supervisor		
Address & Street		City	State	Zip Code
Dates of Employment: From _____ To _____		<input type="checkbox"/> Hourly Rate Starting _____ Ending _____ <input type="checkbox"/> Annual Salary		
Your Position and Duties: _____				
Reason for Leaving: _____				
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone Number	Occupation	Years Acquainted



A division of DFA of California.

## PRE-EMPLOYMENT DISCLOSURES

### Please Read Carefully, Initial Each Paragraph and Sign Below

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 to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document 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.

\_\_\_\_\_  
Initial

I hereby authorize Safe Food Alliance to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my 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.

\_\_\_\_\_  
Initial

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding. **Only the President of Safe Food Alliance has the authority to make any agreement contrary to the foregoing and then only in writing.**

\_\_\_\_\_  
Initial

In the event my employment is terminated, and I contend that such termination was wrongful or otherwise in violation of conditions of my employment or was in violation of any express or implied condition, term or covenant of employment, whether founded in fact or in law, including but not limited to the covenant of good faith and fair dealing, or otherwise in violation of any of my rights, I and Safe Food Alliance agree that my exclusive recourse shall be to submit any such matter to binding arbitration pursuant to the provisions of the Federal Arbitration Act (9 U.S.C. 1, et seq.) if applicable, or the provisions of state law permitting and enforcing arbitration agreements if the Federal Arbitration Act does not apply to my employment, within one year of termination of my employment. In arbitration, if Safe Food Alliance and I are unable to agree upon a neutral arbitrator, a list of arbitrators from the federal or state Mediation and Conciliation Service will be obtained by Safe Food Alliance. I (first) and then Safe Food Alliance will alternately strike names on the list until only one remains: the remaining person will be the arbitrator. Where applicable law requires a different selection process, the required process will be used.

I agree that such arbitration shall be the exclusive forum for any dispute arising out of my termination. If Safe Food Alliance does not receive a written request for arbitration from me within one year from the date of my termination, I agree I will have waived any right to raise any claims, in any forum, arising out of the termination of my employment at Safe Food Alliance. I further expressly agree that in arbitration, my exclusive remedy for alleged violation of terms, conditions, or covenants of employment shall be a money award not to exceed either (1) the amount of wages I would have earned from the date of my termination to the date upon which the arbitration hearing begins less any interim earnings I may have had, or (2) the amount of wages I would have received for one year from the date of my termination less any interim earnings I may have had, whichever is less, and I shall not be entitled to any other remedy, at law or in equity, including but not limited to reinstatement, other money damages, punitive damages and/or decision of the arbitrator in any appropriate court with jurisdiction to do so.

\_\_\_\_\_  
Initial

**PRE-EMPLOYMENT DISCLOSURES, CONTINUED****Please Answer The Following**

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

If hired, would you be able to provide proof of automobile insurance? ☐ Yes ☐ No

If hired, are you able to travel to any location assignment within district area? ☐ Yes ☐ No

If hired, can you present evidence verifying your legal right to work in the United States? ☐ Yes ☐ No

Are you able to perform the essential functions of the position for which you are applying? ☐ Yes ☐ No

If no, describe what functions that cannot be performed: \_\_\_\_\_

Safe Food Alliance complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions of the job.

Are you currently employed? ☐ Yes ☐ No

If so, may we contact your current employer? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

**NOTE: Hire will be subject to passing a pre-employment drug-screening test.**

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to the employment at-will relationship and agree to be bound to the terms and conditions of employment stated in this application, the worker safety program (IIPP) and employee handbook including arbitration of termination disputes as set forth, if I am employed by Safe Food Alliance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please note: Safe Food Alliance considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of your application, please reapply.

**We appreciate your interest in working for Safe Food Alliance; however, nothing in this application reflects an offer of employment.**