



APPLICATION FOR EMPLOYMENT
Individual FoodService
5496 Lindbergh Lane
Bell, CA 90201
Telephone (323) 981-2800 - Fax (323) 265-3592

PERSONAL DATA

Last Name	First	Middle	Date
Street Address		City	State Zip
Home Phone ()		Cell Phone ()	Business Phone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Month/Year:			
Position Desired		Date Available	Salary Desired \$ Per
Job Status Required: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Are you legally eligible for employment in the United States : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of hours per week desired :			
Special Training or Skills (Professional expertise, language, typing, computer, etc.):			
Do you possess a valid California Driver's License ? <input type="checkbox"/> Yes <input type="checkbox"/> No CDL #: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C* *(Standard Operators License)			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____			

EDUCATION

School	Name & Location of School	Course of Study Completed	Number of Years Completed	Did You Graduate	Degree or Diploma
High					
College					
Other					
Other					
Professional Licenses Held : _____ # _____ Expiration _____ _____ # _____ Expiration _____					
Are you related to any employee of IFS? No _____ Yes _____ Who _____					
How did you learn about this position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk In <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____					

EMPLOYMENT HISTORY

Please give an accurate and complete full-time and part-time employment record. Start with present or most recent employer. Additional sheets should be attached, if necessary.

Employers Name :	Telephone ()
Address	Employed (State Month/Year) From : To :
Name of Supervisor	
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Name :	Telephone ()
Address	Employed (State Month/Year) From : To :
Name of Supervisor	
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Name :	Telephone ()
Address	Employed (State Month/Year) From : To :
Name of Supervisor	
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Name :	Telephone ()
Address	Employed (State Month/Year) From : To :
Name of Supervisor	
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please list people we may contact who are familiar with your work background.

Name_____ Company_____ Position/Title_____		
Address_____ City, State, Zip_____		
Phone : ()_____		
<hr/>		
Name_____ Company_____ Position/Title_____		
Address_____ City, State, Zip_____		
Phone : ()_____		
<hr/>		
Name_____ Company_____ Position/Title_____		
Address_____ City, State, Zip_____		
Phone : ()_____		
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Person to notify in case of emergency:

Name : _____ Daytime Phone # () _____ Evening Phone() _____

Address _____ City, State, Zip _____

Relationship _____

IMPORTANT - Please Read and Sign

As an equal opportunity employer this company's policy, as well as Federal and State law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.

As part of this application for employment, I hereby authorize the company to investigate my references and to verify my employment records.

I further agree that failure to reveal any prior employer, or giving of false or misleading information by me may be grounds for termination of employment.

Any offer of employment is contingent on the employee's consent to take physical examination, pre-employment drug screen and background check.

Under no circumstances with this document or any statement contained herein constitute or create a contract for duration of employment. All employment is entirely "At-Will", which means you may voluntarily terminate the employment relationship at any time and for any reason and IFS retains the same right.

Signature : _____ Date: _____