

Totally Chocolate

Totally Chocolate is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For:

- Full Time
 Seasonal

Date:

Last Name

First Name

Middle Name

Address

City

State

Zip

Phone Number:

Alternate Number:

Email:

How Did You Hear About Us?

- Website _____ Newspaper _____
 Current Employee _____ Other _____

Date available to start: _____ or Two weeks

Available to Work:

- Day Shift Swing Shift Weekends Over-Time Any Shift

Are you legally eligible to work in the United States?

- Yes No

(Proof of eligibility will be required upon offer of employment)

Are you at least 18 years of age?

- Yes No (will be 18: _____)

Have you ever applied to Totally Chocolate before?

- Yes (when? _____) No

Have you ever worked for Totally Chocolate before?

- Yes (when? _____) No

Is anyone related to you employed by Totally Chocolate?

- Yes No

If yes, please give their name & relationship to you:

Do you have a valid driver's license? (For driving positions only.)

- Yes No

Have you ever been fired or asked to resign from a job?

- Yes No

If yes, please explain:

EDUCATION

	Name & Location of School	Major	Graduate?	Degree
High School				
College				
Graduate				
Vocational				

EMPLOYMENT HISTORY (LAST FIVE YEARS). Begin with current or most recent employer, explain gaps in employment (attach another sheet if necessary).

<p>Application must be filled out completely to be considered for employment. “See resume” is not a complete answer.</p>				
Current/most recent Employer	Dates		Name & Title of Supervisor	
	From	To		
Address			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Duties:			
Reason for leaving:				
Previous Employer	Dates		Name & Title of Supervisor	
	From	To		
Address			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Duties:			
Reason for leaving:				
Previous Employer	Dates		Name & Title of Supervisor	
	From	To		
Address			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Duties:			
Reason for leaving:				

EMPLOYMENT HISTORY (LAST FIVE YEARS) – Continued

Application must be filled out completely to be considered for employment. “See resume” is not a complete answer.				
Previous Employer	Dates		Name & Title of Supervisor	
	From	To		
Address			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Duties:			
Reason for leaving:				
Previous Employer	Dates		Name & Title of Supervisor	
	From	To		
Address			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Duties:			
Reason for leaving:				
Previous Employer	Dates		Name & Title of Supervisor	
	From	To		
Address			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone	Duties:			
Reason for leaving:				

PROFESSIONAL REFERENCES (Previous supervisors preferred)

Name	Job Title	Phone Number	When & where did you work with them?	Years Known

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APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Totally Chocolate (hereinafter referred to as "the company") that such employment with Totally Chocolate is at will, for no specified duration and may be terminated by either Totally Chocolate or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Totally Chocolate or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Totally Chocolate except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Totally Chocolate.

In consideration for employment with Totally Chocolate, if employed, I agree to conform to the rules, regulations, policies and procedures of Totally Chocolate at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Totally Chocolate, attendance and punctuality are considered essential requirements of every job at Totally Chocolate and that poor attendance or tardiness will result in disciplinary action up to and including termination.

I understand that if offered a position with Totally Chocolate, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Totally Chocolate and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ Date: _____

Name and number of person completing this form if other than applicant:

Signature: _____

Date: _____