



KAISER PICKLES, LLC

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date _____

PERSONAL INFORMATION

(Please Print)

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

HOME NO.: _____ CELL NO.: _____

EMAIL ADDRESS: _____ 18 years of age or older? Yes ☐ No ☐

Position Applying for: _____
(Describe)

Full-Time ☐ Part-Time ☐ Temporary ☐ Work overtime hours? Yes ☐ No ☐

Can work: ☐ Days ☐ Evenings ☐ Weekends
(check all that apply) Reliable means of transportation to/from work?
Yes ☐ No ☐

Salary or Rate of Pay Desired? _____ Date available to start work? _____

Related to a current employee? Yes ☐ No ☐ If Yes, who: _____

Previously worked here? Yes ☐ No ☐

How did you learn about Kaiser Pickles? ☐ Indeed ☐ Facebook ☐ Employee – identify: _____ ☐ Job
board – identify: _____

Please list below three persons you have known for at least one year (exclude former employers and relatives).

Name and Occupation	Address	Phone Number

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Course of Study	Did You Graduate?	List Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Trade			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)

Date, Month, and Year	Employer's Name, Address, Phone No.	Supervisor's Name, Address, Phone No.	Job Title and Duties	Reason for Leaving (specify quit, discharge, lay off)
From: To:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge
From: To:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge
From: To:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge
From: To:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge
From: To:				<input type="checkbox"/> quit <input type="checkbox"/> layoff <input type="checkbox"/> discharge

Served in the military? Yes ☐ No ☐

Are you on lay off and subject to recall? Yes ☐ No ☐

Are you known to schools/references/employers by another name? Yes ☐ No ☐

If Yes, please indicate the name(s): _____

Bound by a non-competition, non-solicitation, and/or non-disclosure agreement with another person or entity?

Yes ☐ No ☐

List any special skills or training we should be aware of in considering your application:

APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Kaiser Pickles, LLC (“Company”), will subject me to immediate termination, whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

2. My signature authorizes the Company or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. If a third party is utilized to conduct a background check, the Company will comply with the Fair Credit Reporting Act and any other applicable state and local laws. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify the Company, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.

3. As a condition of employment, I will be required to complete a Form I-9 and provide unexpired documents proving my identity and work authorization.

4. I understand and agree if I am employed by the Company, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, the Company can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in the Company’s employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and the Company for employment, hours of work, compensation, or for the providing of benefits. Moreover, I acknowledge that the Company may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, compensation, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on the Company unless it is confirmed in writing, signed by the President and that document states that the employment relationship is not “at-will” and details the specific promise or guarantee.

Applicant’s Signature

Date