



APPLICATION FOR EMPLOYMENT
New Mexico Fresh Foods

Position to which you are applying: _____ Email: _____

How were you referred? _____ Date: _____

Thank you for considering applying for a position with New Mexico Fresh Foods. We appreciate the time you are giving to complete this application form. It is important that you fully, truthfully and accurately complete this form yourself and indicate the positions(s) for which you wish to be considered. Please be very careful completing the application. We use a detailed background and employment screening process that will disclose inaccurate, false, incomplete and/or omitted information. You must complete every question on this application to be considered. Used the back of the page for any additional information.

PERSONAL INFORMATION

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Last 4 digits of Social Security#: _____

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

Are you at least 18 years old with high school or equivalent degree? ___ Yes ___ No

If hired, can you submit verification of your legal right to work in the United States? ___ Yes ___ No

EMPLOYMENT

Are you applying for: ___ Regular full-time work? ___ Regular part-time work? ___ Temporary work?

Are you available for work on weekends? ___ Yes ___ No Have you ever been terminated or asked to resign? ___ Yes ___ No

If yes, please explain circumstances. _____

REFERENCES

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

Table with 4 columns: Name, Address, Phone, Years Known. Rows 1, 2, 3.

EDUCATION, TRAINING AND EXPERIENCE

College/University: _____ No. of Years Completed _____ Degree or Diploma _____

Vocational/Business: _____

High School: _____

Do you have other experience, training, qualifications or skills you feel make you especially suited for work at NM Fresh Foods? _____

Do you speak, write or understand any foreign language? ___ Yes ___ No _____

EMPLOYMENT HISTORY

1. **Name of employer:** _____ **Type of Business:** _____
Supervisor: _____ **Date of Employment:** From _____ To _____
Responsibilities: _____
Reason for leaving: _____
Termination was: Voluntary Involuntary **May we contact?** Yes No

2. **Name of employer:** _____ **Type of Business:** _____
Supervisor: _____ **Date of Employment:** From _____ To _____
Responsibilities: _____
Reason for leaving: _____
Termination was: Voluntary Involuntary **May we contact?** Yes No

3. **Name of employer:** _____ **Type of Business:** _____
Supervisor: _____ **Date of Employment:** From _____ To _____
Responsibilities: _____
Reason for leaving: _____
Termination was: Voluntary Involuntary **May we contact?** Yes No

4. **Name of employer:** _____ **Type of Business:** _____
Supervisor: _____ **Date of Employment:** From _____ To _____
Responsibilities: _____
Reason for leaving: _____
Termination was: Voluntary Involuntary **May we contact?** Yes No

OTHER INFORMATION

Have you been convicted of a criminal offense in the last seven (7) years (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case.

(Note: Criminal conviction will not necessarily disqualify an applicant from employment.)

Have you ever been convicted for driving under the influence (DUI)? Yes No

Do you use alcohol or illegal substance to the extent that it would impair your job performance? Yes No

NOTICE: Thank you for completing this application form. This Application is not an offer of employment or an employment contract. If there is a current opening in the position(s) you are seeking and the information in your application suggest you meet qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed, which may include a background check and pre-employment drug test. If there is no opening in the position(s) you are seeking, your application will be kept active for six months. Thank you for your interest in New Mexico Fresh Foods, LLC.

Please read Page 3 carefully, print and sign your name and date.

HONESTLY AND ACCURATELY COMPLETED FORM

By my signature below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to notify the Company immediately if I should be convicted of a crime while my job application is pending, or, if hired, during my employment.

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize the investigation of all statements contained in this application (and accompanying resume, if any). I further authorize any present or past employer to supervisor; college or university or other institution of learning; administrator, law enforcement agency, state agency, local agency, federal agency, finance bureau/office; credit bureau; investigative consumer reporting agency, collection agency; private business; military branch or the national personnel records center; personal reference; and/or other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, earnings history, credit history, character and employment (including reasons for termination) or any other information requested by NMFF.

DRUG AND ALCOHOL SCREENING/RELEASE OF MEDICAL INFORMATION

I give permission for a pre-employment drug/alcohol screening exam.

OTHER EMPLOYMENT

I understand that, if hired, I will not hold other employment or engage in other activities that create a conflict of interest with my position with NMFF unless I have been given written permission by NMFF.

RELEASE

I voluntarily, knowingly and unconditionally release any and all named or unnamed informant (persons and organizations) from any and all liability resulting from furnishing information or opinion pertinent to this application (which is truthful or made in good faith). I further hereby voluntarily waive all recourse and release NMFF and its representatives, directors, officers, employees, agents, affiliates, or successors ("NMFF Releases") from any and all liability regarding the use of information supplied. I hereby release NMFF Releases, including any individual participant in any drug and alcohol examination and any third party from potential liability arising out of any examination.

COMPLIANCE WITH RULES

If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of NMFF.

AGREEMENT FOR ARBITRATION

In exchange for my employment by the Company, I agree that any and all controversies or claims arising out of or related to this Application, my employment, or its termination, including any claims related to alleged harassment or discrimination, shall be settled exclusively by binding arbitration administered by the American Arbitration Association under its "Rules for the Resolution of Employment Disputes." Or by Judicial Arbitration and Mediation Services (JAMS), and judgment upon the award by the arbitrator may be entered in any court having jurisdiction thereof. Final and binding arbitration is the exclusive means for resolving such disputes – only an arbitrator, and not a court or jury, will decide the dispute.

AGREEMENT FOR AT-WILL EMPLOYMENT

In keeping with the at-will employment relationship, I understand and hereby agree that NMFF and I each have the right to terminate my employment at any time, with or without cause and with or without notice. In addition, NMFF reserves the right to change any terms and conditions of my employment, including but not limited to my hours, duties, wages, benefits and working conditions at any time, in its sole discretion, and with or without cause or notice. I understand and agree that other than the CEO, no manager, supervisor or representative of NMFF has authority to enter in any agreement, express or implied, for employment for any specific period of time, or make any agreement for employment other than at-will. Only the President has the authority to make any such agreement and then only in writing signed by him or her. I understand and agree that no statement in this Application or other representation creates or is intended to create a promise or representation of continued employment.

Signature: _____

Print Name: _____

Date: _____

NOTE: NMFF is an equal opportunity employer. It is NMFF's policy to consider all job applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic.