



EMPLOYMENT APPLICATION

Please complete all sections thoroughly. Please type or print in ink. Thrive Nutritional Services is an equal opportunity employer. It is our policy to abide by all federal, state, and local laws, ordinances and regulations prohibiting employment

PERSONAL INFORMATION

DATE OF APPLICATION		HOW DID YOU HEAR ABOUT Thrive Nutritional Services?		
LAST NAME	FIRST NAME	MIDDLE		
ADDRESS	CITY	STATE	ZIP	
HOME TELEPHONE ()	WORK TELEPHONE ()			

EMPLOYMENT DESIRED

POSITION DESIRED / APPLYING FOR:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	Other
DATE AVAILABLE:	SALARY DESIRED:		

EDUCATION

SCHOOL NAME AND LOCATION	DATES ATTENDED	GRADUATED YES OR NO	COURSES OF STUDY	GPA
HIGH SCHOOL			DEGREE	
COLLEGE			DEGREE	
GRADUATE SCHOOL			DEGREE	
OTHER (SPECIFY)			DEGREE	

PAST EMPLOYERS

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
	FROM TO	
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY STARTING/ENDING	
JOB TITLE	SUPERVISOR'S NAME	
REASON FOR LEAVING		

EMPLOYMENT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. If hired, I understand and agree that any false statement or answers or any material omission is sufficient cause for dismissal, and I release Thrive Nutritional Services from all liability if employment is terminated for false statements, answers or omissions.

I authorize investigation of all information contained in this application, including my qualifications, character and/or ability from former employers, schools or individuals given as references.

May we contact your current employer? YES _____ NO _____

If hired, I will comply with all Thrive Nutritional Services policies, rules and regulations.

I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT. I FURTHER UNDERSTAND THAT IF HIRED, MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, EITHER VOLUNTARILY OR INVOLUNTARILY. IF HIRED, I UNDERSTAND THAT MY EMPLOYMENT WILL BE SUBJECT TO A 180 DAY INTRODUCTORY PERIOD. COMPLETION OF THE INTRODUCTORY PERIOD DOES NOT IN ANY WAY ALTER THE "AT-WILL" NATURE OF MY EMPLOYMENT.

If offered employment at Thrive Nutritional Services, I understand that I will be required to provide verification of my employment eligibility in the United States.

I HAVE READ IN FULL, UNDERSTAND AND AGREE TO THE FOREGOING STATEMENTS AND CONDITIONS

Signature of Applicant: _____ Date _____