

**Lindberg Nutrition**  
**Employment Application**

Position(s) applied for \_\_\_\_\_

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

City, State Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Are you legally eligible for employment in the U.S.: Yes:\_\_\_ No:\_\_\_ (Proof of identity and U.S. citizenship or immigration status will be required upon employment.)

Have you ever been employed by the Company before: Yes \_\_\_ No \_\_\_ If yes, please provide dates, position held, and reason for leaving: \_\_\_\_\_

If offered a job and are under 18 years of age, can you furnish a work permit: Yes \_\_\_ No \_\_\_

Driver's license number, if position applied for requires driving \_\_\_\_\_ State \_\_\_ Class \_\_\_

Date available to start work \_\_\_\_/\_\_\_\_/\_\_\_\_ I am available to work: Full-time:\_\_\_ Part-time:\_\_\_ Temp:\_\_\_

**EDUCATIONAL BACKGROUND:**

High school name and location: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College name and location: \_\_\_\_\_

Major / degree achieved: \_\_\_\_\_

Other educational institution(s): \_\_\_\_\_

Other degree / certification achieved: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment, membership in professional organizations or other experiences that may qualify you for work with the Company. You may choose to exclude any that would indicate race, color, national origin, ancestry, religion, gender (including gender identity or expression), sexual orientation, political affiliations or activities, military service/veteran status, marital status, pregnancy, age, physical or mental disability, medical condition (including cancer, HIV or AIDS), or any other legally protected basis.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Name and phone number: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Starting with the most recent, list your prior employers or work experience for the past 10 years. You may include military service and volunteer activities that are related to job experience.

From \_\_\_\_\_ To \_\_\_\_\_

Employer / Address / Phone \_\_\_\_\_

Job title and duties \_\_\_\_\_

Last immediate supervisor and title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer / Address / Phone \_\_\_\_\_

Job title and duties \_\_\_\_\_

Last immediate supervisor and title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer / Address / Phone \_\_\_\_\_

Job title and duties \_\_\_\_\_

Last immediate supervisor and title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

I hereby certify that all of the foregoing information I have supplied in this application is correct and complete. I understand and agree to allow **Lindberg Nutrition** ("the Company") to verify the information provided. I further understand that any falsification of information will constitute grounds for immediate dismissal upon discovery thereof. I give the Company permission to contact any or all of my previous employers and references for full information and hereby release the Company from any and all liability for doing so. I also understand that all offers of employment are conditioned upon the satisfactory completion of reference and/or background checks, and the submission of valid documentation that confirms my identity and authorization to work in the United States.

If employed and in consideration of my employment, I agree to conform to the rules, policies and procedures of the Company. **I understand that, if hired, I will be an at-will employee, which means that I may terminate my employment at any time, that the Company may transfer, reassign, suspend or demote me at any time, and that my employment may be terminated at any time, with or without notice and with or without cause.** I further understand that no one has any authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing other than in a writing signed by the President of the Company.

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_