

MILE HI FROZEN FOODS / MILE HI SPECIALTY FOODS¹
4770 EAST 51ST AVENUE
DENVER, CO 80216

PRE-EMPLOYMENT APPLICATION (Office and Warehouse)

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____
LAST FIRST MI

PRESENT ADDRESS _____
STREET CITY STATE ZIP

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO PHONE # _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

_____ STREET CITY STATE ZIP

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO If YES, reason _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

REASON FOR LEAVING _____

NAME OF LAST SUPERVISOR AT THIS COMPANY _____

WHO REFERRED YOU TO THIS COMPANY? _____

EMPLOYMENT AGENCY _____ NEWSPAPER AD _____ FRIEND _____ WALKED IN _____

STATE EMPLOYMENT OFFICE _____ COLLEGE PLACEMENT SERVICE _____ OTHER _____

EDUCATION

SCHOOL LEVEL STUDIED	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

¹Mile Hi is an equal employment opportunity employer and will consider any applicant equally without regard to race, sex, age, color, religion, national origin, veteran status or disability as provided by the Americans With Disabilities Act.

EMPLOYERS (If additional space is needed, please use additional sheet of paper)

Present Employer

(1) NAME OF PRESENT OR LAST EMPLOYER: _____

_____ STREET _____ CITY _____ STATE _____ ZIP

PHONE: _____ STARTING DATE: _____ LEAVING DATE: _____
MONTH / YEAR MONTH / YEAR

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

2) NAME OF PRIOR EMPLOYER: _____

_____ STREET _____ CITY _____ STATE _____ ZIP

PHONE: _____ STARTING DATE: _____ LEAVING DATE: _____
MONTH / YEAR MONTH / YEAR

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

3) NAME OF PRIOR EMPLOYER: _____

_____ STREET _____ CITY _____ STATE _____ ZIP

PHONE: _____ STARTING DATE: _____ LEAVING DATE: _____
MONTH / YEAR MONTH / YEAR

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PRESENT OR PAST EMPLOYERS FOR A REFERENCE? YES NO

IF NO, PLEASE EXPLAIN WHY: _____

SPECIAL SKILLS

OFFICE MACHINE SKILLS:

TYPING _____ wpm 10-KEY _____ PHONE SYSTEMS: _____

COMPUTER EXPERIENCE (Describe) _____

WAREHOUSE EQUIPMENT:

FORK LIFT OPERATION (Type and years of experience): _____

PALLET JACKS (Type and years of experience): _____

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

NAME	PHONE NUMBER	ADDRESS	BUSINESS OR OCCUPATION	YEARS KNOWN
1				
2				
3				

MAY WE CONTACT ANY OF THE ABOVE REFERENCES? YES NO If NO, please explain why: _____

MILITARY SERVICE RECORD

BRANCH OF SERVICE: _____ RANK: _____

DUTIES: _____ DISCHARGE DATE: _____

SPECIAL QUESTIONS

1) ARE YOU ABLE TO PERFORM EACH OF THE JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION DESCRIBED IN THE ATTACHED JOB DESCRIPTION? YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMODATION? _____

2) HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 7 YEARS? (A conviction is not an automatic bar to employment) YES NO

DESCRIBE: _____

3) HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO

DESCRIBE: _____

4) DO YOU HAVE ANY RELATIVES WORKING AT MILE HI? YES NO LIST THEIR NAMES AND THEIR POSITIONS MILE HI _____

CAPABILITY / RELIABILITY

1) WOULD YOU BE WILLING AND ABLE TO REPORT TO WORK ON A REGULAR AND CONSISTENT BASIS?

YES NO IF NO, PLEASE EXPLAIN _____

2) WILL YOU ABIDE BY ALL OF THE MILE HI SAFETY POLICIES? YES NO

3) HAVE YOU EVER BEEN DEICPLINED FOR VIOLATING COMPANY RULES OR SAFETY POLICIES?

YES NO IF NO, PLEASE EXPLAIN _____

4) HOW MANY DAYS OF WORK OR SCHOOL HAVE YOU MISSED IN THE LAST 2 YEARS OTHER THAN APPROVED VACATION? _____

AUTHORIZATION

APPLICANT MUST READ AND SIGN

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS WITHER IN THIS APPLICATION OR IN MY INTERVIEW ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS. **I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION.** I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO TENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I agree and understand that the COMPANY or its agents may investigate the applicant’s background, all statements made in this application and/or in the interview to ascertain any and all information of concern to applicant’s record, whether same is of record or not, and I release the COMPANY and its agents from all liability for any damages on account if his furnishing such information. I understand that, as an applicant for a position with the COMPANY, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job and the essential job functions. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I agree and understand that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I understand that I may obtain a copy of this report by requesting it in writing from the COMPANY.

I agree and understand that the taking of a drug and/or alcohol test when given pursuant to the COMPANY policy or Federal or State Law is a condition of continued employment and the refusal to take such test when asked will be grounds for immediate termination. If hired, I agree to abide by all the rules and policies of the employer.

IF HIRED, MY EMPLOYMENT IS “AT WILL”.

APPLICANT’S NAME _____
PLEASE PRINT LEDGABLY

DATE _____

APPLICANT’S SIGNATURE _____