

Falletti Foods, Inc.

308 Broderick Street San Francisco, CA 94117
 email: jobs@fallettifoods.com fax: 415-626-4404

EMPLOYMENT APPLICATION

(please print clearly or type)

Falletti Foods Incorporated (Falletti Foods) is an Equal Opportunity employer that does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, veteran's status, sexual orientation or mental or physical disability. Falletti Foods will make reasonable accommodation to the physical or mental impairments of otherwise qualified applicants. Any applicant needing an accommodation to apply for a position should contact the General Manager at the above-listed fax number or email address.

NAME Last	First	Middle Initial	TELEPHONE (home)	TELEPHONE (cell)
PREVIOUS NAME (if any) Last	First	Middle Initial	POSITION APPLYING FOR	DATE AVAILABLE TO START (store opens in Sept. 2006)
CURRENT ADDRESS CITY	STATE	ZIP	SOCIAL SECURITY NUMBER	SALARY EXPECTATION
PREVIOUS ADDRESS (if at current address less than 5 years) CITY	STATE	ZIP	DRIVER'S LIC. NUMBER	STATE ISSUED EXP. DATE
LIST HOURS YOU ARE AVAILABLE TO WORK (enter 'AD' if you're available all day)				ARE YOU AVAILABLE TO WORK NIGHTS?
Sun	Mon	Tues	Wed	Thurs
Fri	Sat			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
CAN YOU, UPON AN OFFER OF EMPLOYMENT, PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US?		HAVE YOU EVER APPLIED TO FALLETTI FOODS BEFORE?		DO YOU HAVE FRIENDS OR RELATIVES WORKING AT FALLETTI FOODS?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Work History (Use additional sheets if necessary)

LEGAL NAME OF MOST RECENT EMPLOYER		ADDRESS		PHONE
START DATE (Mo/Yr)	TERMINATION DATE (Mo/Yr)	ENDING JOB TITLE	COMPENSATION (Annual)	
NAME & TITLE OF LAST PERSON TO WHOM YOU REPORTED		WAS TERMINATION VOLUNTARY?	REASON FOR LEAVING	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

LEGAL NAME OF MOST RECENT EMPLOYER		ADDRESS		PHONE
START DATE (Mo/Yr)	TERMINATION DATE (Mo/Yr)	ENDING JOB TITLE	COMPENSATION (Annual)	
NAME & TITLE OF LAST PERSON YOU REPORTED TO		WAS TERMINATION VOLUNTARY?	REASON FOR LEAVING	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

LEGAL NAME OF MOST RECENT EMPLOYER		ADDRESS		PHONE
START DATE (Mo/Yr)	TERMINATION DATE (Mo/Yr)	ENDING JOB TITLE	COMPENSATION (Annual)	

NAME & TITLE OF LAST PERSON YOU REPORTED TO	WAS TERMINATION VOLUNTARY? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING	

Education/Training

HAVE YOU GRADUATED FROM HIGH SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF HIGH SCHOOL	
SCHOOLS ATTENDED SINCE HIGH SCHOOL	DATES OF ATTENDANCE	DEGREE AWARDED	DATE
LIST TRAINING COURSES YOU HAVE TAKEN THAT WOULD APPLY TO OUR WORK	ORGANIZATION THAT SPONSORED COURSE	DATE(S) OF TRAINING	

Convictions

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS WHICH HAS NOT BEEN CLEARED (EXPUNGED, SEALED, OR STATUTORILY ERADICATED) FROM YOUR RECORD? (CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT).

Yes No If Yes, please explain including dates of convictions:

References we can contact regarding your previous employment (list 3)

INDIVIDUAL'S NAME	WORKING RELATIONSHIP TO YOU (SUPERVISOR, CUSTOMER, etc.)	PHONE NUMBER(S) incl. area code

*****All Applicants Must Read and Sign Next Page*****

Please read each of the paragraphs below. Initial next to each paragraph acknowledging that you have read and comprehended its content

1. _____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

2. _____ I hereby authorize Falletti Foods to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
3. _____ I understand that nothing contained in the application or conveyed during any interview, which may be granted, is intended to create an employment contract between Falletti Foods and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either Falletti Foods or myself. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I have read the above paragraphs, understand their importance and effect on my employment, and accept the same as conditions of my employment with Falletti Foods.

Today's Date

Applicant's Signature

Applicant's Name, Printed

Please complete the application and send it to:

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