



SMILZ Foods, LLC.
Db, Key Food Clermont

Phone: (352) 432-5577
bmartinez@keyaom.com
701 East Highway 50, Clermont, FL 34711.

APPLICATION FOR EMPLOYMENT

SMILZ Foods, LLC. Db, Key Food Clermont is an equal opportunity employer. SMILZ Foods, LLC. does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION			
Incomplete information could disqualify you from further consideration. Please complete all fields			
Full Name		Date	
Address		State	Zip
E-mail Address	Mobile Phone		Mobile Phone
Are you eligible to work in the U.S? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been terminated or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide company names and details:			
Can you work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, explain	
Can you work overtime, including weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform the job's essential functions for which you are applying for, with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT DESIRED	
Date you can start	Hourly rate/Salary desired
Position applied for	
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERRAL SOURCE	
How did you hear about us? Mark one: Walk-In <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Other <input type="checkbox"/>	
Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain
Do you know anyone who works for our company? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?

EDUCATION	Name and location of school	Degree Received	Subjects studied/ Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

EMPLOYMENT HISTORY 1			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			

EMPLOYMENT HISTORY 2			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			

EMPLOYMENT HISTORY 3

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			

EMPLOYMENT HISTORY 4

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title			
Summarize the nature of work performed and job responsibilities			
Reason for leaving			

Do you have any special skills, experience, and/or training that would enhance your ability to perform the position applied for? Yes No

If yes, explain

REFERENCES
Name three persons not related to you, whom you have known for at least three (3) years.

Name	Phone	Address	Years Acquainted

Please read carefully before signing.

I understand that neither completing this application nor any other part of my consideration for employment establishes any obligation for SMILZ Foods, LLC. to hire me. If I am hired, I understand that either SMILZ Foods, LLC. or I can terminate my employment at any time and for any reason, with or without cause or prior notice. I understand that no SMILZ Foods, LLC. representative has the authority to make any assurance to the contrary.

I attest with my signature below that I have provided SMILZ Foods, LLC. Dba, Key Food Clermont, with true, accurate, and complete information on this application. No requested information has been concealed. I authorize SMILZ Foods, LLC. to contact the references provided for employment reference checks. If any information I have provided is untrue or if I have concealed material information, I understand that this will be grounds for the denial of employment or immediate dismissal.

Date	Signature
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THIS APPLICATION IS VALID ONLY FOR 30 DAYS FROM THE DATE ABOVE.