

RIVER CITY FOOD CO & RCFC EMPLOYEES, LLC

MANAGER WILL CONTACT

DATE	TIME
/ /	: AM : PM

3425 LAKE EASTBROOK BLVD., S.E.
GRAND RAPIDS, MI 49546
TELEPHONE 616/776-7600
www.rcfc.com

TODAY'S DATE _____

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

POSITION OR TYPE OF WORK APPLYING FOR (BE SPECIFIC)	DATE AVAILABLE TO START WORK
AVAILABLE FOR: FULL-TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
HOURS OR DAYS AVAILABLE	SUN MON TUE WED THURS FRI SAT
	/ / / / / / /
MINIMUM SALARY REQUIREMENT PER MONTH	

PERSONAL DATA

PRINT NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
ADDRESS	STREET	CITY	STATE	ZIP CODE
			A.C.	()
PRESENT				
PREVIOUS				
PERSON TO NOTIFY IN CASE OF EMERGENCY:				
NAME	RELATIONSHIP	ADDRESS	TLEPHONE NUMBER	A.C.
				()
HAVE YOU EVER BEEN EMPLOYED BY THIS CORPORATION OR ANY OF ITS AFFILIATED COMPANIES? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, INDICATE WHERE OR WHEN				
HOW DID YOU LEARN ABOUT THIS OPENING?				
	EMPLOYEE _____	SELF _____	REFERRAL _____	
	NEWSPAPER _____	AGENCY _____	OTHER _____	

JOB FUNCTIONS

ARE YOU ABLE TO PERFORM ALL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NO, PLEASE EXPLAIN)
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, EXPLAIN NATURE OF OFFENSE, FINE, SENTENCE, ETC.)
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, GIVE DETAILS)

EDUCATION

EDUCATIONAL BACKGROUND					
TYPE OF SCHOOL	NAME & ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	YEARS COMPLETED	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>		
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>		
BUSINESS OR TRADE			YES <input type="checkbox"/> NO <input type="checkbox"/>		
OTHER			YES <input type="checkbox"/> NO <input type="checkbox"/>		

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

IF NO, DO YOU HAVE A CURRENT WORK PERMIT? YES NO

WORK HISTORY (START WITH YOUR PRESENT OR LAST POSITION AND WORK BACK 10 YEARS)

EMPLOYMENT HISTORY / REFERENCES

DATE, MONTH AND YEAR	EMPLOYER'S NAME, ADDRESS SUPERVISOR'S NAME/PHONE	JOB TITLE	DUTIES	SALARY START/END	REASON FOR LEAVING
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					

MAY WE CONTACT THE PAST AND/OR PRESENT EMPLOYERS LISTED? YES NO

IF NO, INDICATE THOSE YOU DO NOT WANT US TO CONTACT: _____

ARE YOU KNOWN TO SCHOOLS/REFERENCES BY ANOTHER NAME? YES NO

IF YES, INDICATE THE NAME(S): _____

PLEASE LIST BELOW THREE REFERENCES YOU HAVE KNOWN AT LEAST ONE YEAR. (PLEASE EXCLUDE RELATIVES)

NAME	OCCUPATION	ADDRESS	PHONE#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CERTIFICATION

I UNDERSTAND THAT THIS APPLICATION AND ANY ATTACHMENT ARE THE PROPERTY OF THIS CORPORATION. I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I HEREBY GRANT THIS CORPORATION PERMISSION TO VERIFY SUCH ANSWERS, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT ON THIS APPLICATION MAY BE CONSIDERED AS SUFFICIENT CAUSE FOR REJECTION OF THE APPLICATION, OR FOR DISMISSAL IF SUCH FALSE STATEMENT IS DISCOVERED SUBSEQUENT TO MY EMPLOYMENT. OFFER OF EMPLOYMENT IS DEPENDENT UPON MY SATISFACTORILY PASSING A PHYSICAL EXAMINATION AND/OR THE ASSOCIATED LABORATORY TESTS THAT MAY BE PRESCRIBED BY THIS CORPORATION. OFFER OF EMPLOYMENT TENDERED ME IS BASED UPON MY AGREEMENT TO ABIDE BY THE RULES AND REGULATIONS OF THIS CORPORATION AND ITS SUBSIDIARY COMPANIES. IT IS THE POLICY OF THIS COMPANY TO IMPLEMENT AFFIRMATIVELY EQUAL OPPORTUNITY TO ALL QUALIFIED EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP AND POSITIVE ACTION SHALL BE TAKEN TO INSURE THE FULFILLMENT OF THIS POLICY.

I UNDERSTAND THAT THE CORPORATION MAY MAKE AN INQUIRY CONCERNING MY CHARACTER, REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, AS WELL AS MY PAST EMPLOYMENT. I HEREBY RELEASE THE CORPORATION AND ALL OF MY PREVIOUS EMPLOYERS, AS WELL AS THEIR RESPECTIVE AGENTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS ARISING IN ANY WAY FROM THEIR PARTICIPATION IN SUCH AN INQUIRY OR INVESTIGATION AND I WAIVE ANY RIGHT TO RECEIVE NOTICE CONCERNING DISCLOSURES MADE AS A PART OF SUCH INQUIRY OR INVESTIGATION. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF THIRTY DAYS FROM THE DATE OF COMPLETION AND THAT I MUST NOTIFY THE CORPORATION IN WRITING AT THE END OF SUCH THIRTY DAY PERIOD IF I WISH TO REACTIVATE OR AMEND THIS APPLICATION.

I UNDERSTAND THAT ANY EMPLOYMENT OBTAINED WITH THE COMPANY SHALL BE AT SUCH WAGES, BENEFITS, HOURS AND CONDITIONS AS THE COMPANY MAY DETERMINE AND CHANGE FROM TIME TO TIME. SUCH EMPLOYMENT SHALL BE FOR NO DEFINITE TERM AND CAN BE TERMINATED BY THE COMPANY AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, REGARDLESS OF THE DATE OR PERIOD OF PAYMENT OF WAGES OR SALARY AND REGARDLESS OF ANY CONTRARY PROVISIONS IN ANY OTHER FORMS, MANUALS, HANDBOOKS, ETC. I UNDERSTAND THAT NO ONE OTHER THAN THE PRESIDENT OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT WHICH IS CONTRARY IN ANY WAY TO THE FOREGOING AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING OR IT SHALL NOT BE BINDING.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT BE CONDITIONED ON MY AGREEMENT TO ARBITRATE ANY AND ALL DISPUTES REGARDING MY EMPLOYMENT OR THE TERMINATION THEREOF AS PERMITTED BY LAW.

DATE _____ SIGNATURE OF APPLICANT _____

TO BE COMPLETED AFTER HIRE

HIRED BY: _____

START DATE: _____ POSITION: _____

BIRTHDATE: _____ MARITAL STATUS: _____