

# Application for Employment



Bring application to: 3804 Sepulveda Boulevard, Torrance, CA 90505  
Tuesday to Saturday, 8am-5pm – attention Store Manager ☎ (310) 378-9490

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **PLEASE PRINT.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Position applied for  Cashier  Vitamin Sales  Stocker/Receiver  Management

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying

Would you accept full-time work? Yes  No  Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? Yes  No  Dates \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes  No  (If yes, proof will be required before hiring)

Are you of legal age to work? Yes  No

## EDUCATIONAL BACKGROUND

**Grammar School** Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_

Name and location \_\_\_\_\_ Course of study \_\_\_\_\_

**High School** Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_

Name and location \_\_\_\_\_ Course of study \_\_\_\_\_

**College** Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_

Name and location \_\_\_\_\_ Course of study \_\_\_\_\_

## PREVIOUS EMPLOYERS AND ADDRESSES *List most recent employer first.*

1. Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason For Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

2. Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason For Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

3. Company \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason For Leaving \_\_\_\_\_ Last Wage \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS 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, AND 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 IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This Application for Employment has been prepared for general use throughout the United States. Neither Lindberg Nutrition nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, State or Federal laws. Users should consult their own legal counsel about any questions they may have concerning this form or its use.