



Employment Application

Exceptional careers start at Graceland Fruit!

Graceland Fruit is a leading producer and global distributor of premium quality dried fruit ingredients for the food industry. Our employees are passionate ingredient experts with a singular focus: to deliver delight every day through exceptional product and service performance. Please complete the below application and send to Human Resources Coordinator, Cody Allen: callen@gracelandfruit.com.

If you have a disability requiring some form of accommodation in order to complete this application process (or any pre-employment tests that may be given), you may voluntarily notify the interviewer of your need for such accommodation.

Graceland Fruit, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, national origin, color, age, gender, ancestry, marital status, sexual orientation, disabilities, gender identity, genetic information, height, weight, veteran or military status, or any other characteristic protected by federal, state, or local law.

		APPL	ICANT	INFORMATION		
Full Name:						Date:
	Last	Firs	t		M.I.	
Address:						
	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:				Email:		
			Security # imbers only):		Desired Salary: \$	
Position Ap					_	
Are you au	nthorized to work in the U.S.?	YES	NO			
Have you ever worked for this company?		yes y?	NO	If yes, when?		
Have you t	peen convicted of a felony?	YES	NO			
If yes, expl	ain:					
Answering "v	es" will not automatically disaual	lify you for a	a partici	ular iob: the type, seriou	sness, freauenc	v of violations, age at the time

of conviction, date of conviction, and your entire work and education history will be considered.

EDUCATION					
High School:Ad	ldress:				
YES NO Did you graduate?					
College: A	ddress:				
YES NO Did you graduate?					
Other: Ad	ddress:				
YES NO Did you graduate?					
	REFERENCES				
Please list three (3) professional references. Full Name: Company: Address:	Phone:				
Full Name:	Relationship:				
Company:Address:	Phone:				
Full Name:	Relationship:				
Company:Address:	Phone:				
PREV	IOUS EMPLOYMENT				
We ask that you please provide all employment for the pa and provide the same information as requested for each	st ten years. If more room is necessary, please use an extra sheet of paper employer going back ten years.				
Company:	Phone:				
Address:	Cupaninan				
Job Title: Sta	rting Salary: _\$ Ending Salary: _\$				
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous supervisor for a ref	YES NO erence?				

Company: Address:				Phone: Supervisor:	
Job Title:	Starting				
Responsibili	ties:				
From:	To:				
May we con	tact your previous supervisor for a reference	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting	Salary: \$		Ending Salary: _\$	
Responsibili	ties:				
	To:				
May we con	tact your previous supervisor for a reference	YES	NO		
employer, re	ver been terminated from a job by a prior egardless of how long ago it happened? e provide the following information:	YES	NO		
Company:	·			Phone:	
Address:				Supervisor:	
From:	To:	Reason for	Termination:		

DISCLAIMER & SIGNATURE

I hereby certify that the answers to the foregoing questions are true and correct; I have not knowingly withheld any facts or circumstances that would if disclosed, unfavorably affect my application for employment. I authorize investigation of any statement contained in this application and understand that misrepresentation or omission of facts requested in this employment application may be considered sufficient cause for termination if employed. I further understand that some Graceland Fruit, Inc. facilities operate 24 hours/7 days per week and that if I am employed by Graceland Fruit, Inc., I understand and agree to be scheduled to work at any time or day of that week, including holidays.

I authorize Graceland Fruit, Inc. to investigate all statements contained herein, references listed above, and to provide Graceland Fruit, Inc. any and all information concerning my previous employment, education, criminal history, or any pertinent information requested, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree to permit the Company to conduct any other background investigation procedures, including criminal and credit checks, it deems appropriate with respect to my application and, in the event of hire, while employed. If a credit check is required, I understand that I will be provided with additional notice and information about that process and my rights. I further understand and agree that if I am considered for employment, to provide my social security number for a criminal history check.

In the event I am hired by Graceland Fruit, Inc. I agree, in consideration of my employment, I understand that my employment will not be for any definite term and that my employment and compensation may be terminated at any time with or without cause and without advance notice by myself or Graceland Fruit, Inc. I further understand that no officer, manager, or representative of Graceland Fruit, Inc., other than its President, has any authority to enter into any agreement for employment for any specified period of time, to make any agreement contrary to the foregoing, and that if any other agreement or understanding shall otherwise be made or offered by the President, it must be expressed in a written document signed by both the President and myself. I also hereby acknowledge that Graceland Fruit, Inc. and its employees, officers, directors, and agents have not made any oral or written promises or representations, either express or implied, that my employment is other than terminable at will, with or without cause at any time, by either Graceland Fruit, Inc. or by myself. If hired, I understand federal law requires me to furnish documentation, establishing my identity and eligibility to work in the United States.

I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine, saliva, or oral fluid samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized Company management for appropriate review. If I am accepted for employment by the Company, I consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal use of drugs and complying with the Company's substance abuse policy is a condition of my employment.

Signature:	Date:

I hereby acknowledge, on this date, that I have reviewed and that I understand the terms of employment herein.