

Employment Application

Applications can be emailed to jobs@better4youmeals.com,
 faxed to (323) 838-5419 or mailed in.



APPLICANT INFORMATION

Last Name:		First:		M.I.	Date:
Street Address:				Apartment/Unit #	
City:	State:		Zip:		
Phone:		E-mail Address:			
Cell Phone: (if different)		Date Available to Start:			
Position Applying for: (if unknown put GENERAL)					
I understand that the position I'm applying for may be a seasonal job and work may reduce or cease in the months when schools are out of session.				I agree <input type="checkbox"/>	
I understand that I may be required to submit to a live scan criminal background check with the Department of Justice and a pre-employment drug test.				I agree <input type="checkbox"/>	
How did you hear about B4YM?			Have you ever applied to work at B4YM? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have a relative working for B4YM?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list name & relation:	Name:	Relationship:
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally eligible to work in the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid CA Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been convicted of a DUI in the last 7 years? (Applicable to delivery drivers)		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you currently have any points on your driving record? (Applicable to delivery drivers)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many points do you currently have?		
Have you ever been convicted of a felony?*	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Do you have any criminal charges pending against you or open arrest warrants?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Without accommodation, you can regularly lift boxes or containers that weigh: (check all that apply)			<input type="checkbox"/> 10-20lbs	<input type="checkbox"/> 20-30lbs	<input type="checkbox"/> 30-40lbs
			<input type="checkbox"/> 40-50lbs	<input type="checkbox"/> 50-60lbs	

* A conviction will not necessarily disqualify you, but not disclosing a conviction will automatically disqualify you and likely lead to termination if employed. If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), date of conviction(s). Use additional sheets if necessary:

EDUCATION

High School/GED		City/State	
From: (Mo/Yr)	To (Mo/Yr)	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		City/State	
From: (Mo/Yr)	To (Mo/Yr)	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		City/State	
From: (Mo/Yr)	To (Mo/Yr)	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

ADDITIONAL SKILLS AND TRAINING

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REFERENCES

Please list three professional references.

Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	
Full Name		Relationship	
Email		Phone	

CURRENT & PREVIOUS EMPLOYMENT

May we contact your current & previous employers? **Current:** YES NO **Previous:** YES NO

Company		Phone	
Address		Supervisor	
Job Title		Starting Pay	\$
Ending Pay	\$		
Responsibilities			
From: (Mo/Yr)		To: (Mo/Yr)	
Reason for Leaving?			

Company		Phone	
Address		Supervisor	
Job Title		Starting Pay	\$
Ending Pay	\$		
Responsibilities			
From: (Mo/Yr)		To: (Mo/Yr)	
Reason for Leaving?			

Company		Phone	
Address		Supervisor	
Job Title		Starting Pay	\$
Ending Pay	\$		
Responsibilities			
From: (Mo/Yr)		To: (Mo/Yr)	
Reason for Leaving?			

MILITARY SERVICE (OPTIONAL)

Did you serve in the United States military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	From (Year)		To (Year)	
Branch of Military		Rank at time of discharge?				
Duties or special training? (Optional)						

DISCLAIMER AND SIGNATURE

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I understand that submission of an application does not guarantee employment. I further understand that should a seasonal offer of employment be extended by Better 4 You Meals that such employment with Better 4 You Meals is at will, for no specified duration, and may be terminated by either Better 4 You Meals or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Better 4 You Meals or its representatives used during the employment process is deemed a contract of employment real or implied.

I understand that no representative of Better 4 You Meals except the Chief Executive Officer has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Chief Executive Officer of Better 4 You Meals.

I understand that if offered a seasonal position with Better 4 You Meals, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results, refusal to cooperate, or any attempt to affect the results of these pre-employment tests and background checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Better 4 You Meals and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE.

Signature		Date	
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Better 4 You Meals provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Better 4 You Meals complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Better 4 You Meals expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Better 4 You Meals' employees to perform their job duties may result in discipline up to and including discharge.

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (VOLUNTARY)

The following voluntary information is requested by Better 4 You Meals to evaluate our hiring practices and to prepare reports required by law for the State and Federal Government. The data is retained separately from the employment application. This information you provide will be confidential and will **NOT** be used to make a hiring decision. Choosing not to provide the information below will also **NOT** be used against the hiring decision.

Ethnicity: Please mark the group that best describes your race/ethnicity:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Other
- Prefer not to answer

Gender: Female Male Prefer not to answer

Disabilities: A person with a disability is an individual who: (1) Has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) Has a record or history of such impairment or medical condition; (3) Is regarded as having such an impairment or medical condition.

Do you have a disability? No Yes Prefer not to answer