

# APPLICATION FOR EMPLOYMENT

## Prime Snax



1750 South 500 West, Suite 700  
 Salt Lake City, UT 84115  
 801-977-0742 Fax 801-977-0743  
[www.primesnax.com](http://www.primesnax.com)

Date of Application \_\_\_\_\_

"For questions regarding, or assistance in completing, this application contact Úřá Ā Snax, Inc."

Personal Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Referred By \_\_\_\_\_

Employment Desired

Position \_\_\_\_\_ Date you can Start \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Wage/Salary Desired \_\_\_\_\_  
 Languages Spoken \_\_\_\_\_ Languages Written \_\_\_\_\_  
 Are you Employed?  YES  NO May we contact your current employer  YES  NO

Education

	Name & Location	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade or Business				

Employment History

List Last Employer First				
Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
Duties				Supervisor
From				
To				
Duties				Supervisor
From				
To				
Duties				Supervisor
From				
To				
Duties				Supervisor

References

Give below the names of three persons not related to you, whom you have known at least one year.				
Name	Address	Business	Phone	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements of this application shall be grounds for dismissal.

I authorize investigation of all statements and documents contained or presented herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

OFFICE USE ONLY

REMARKS							
NEATNESS				CHARACTER			
PERSONALITY				ABILITY			
HIRED				DEPARTMENT	POSITION	WAGE RATE	
START DATE							
APPROVED: DEPARTMENT HEAD				MANAGEMENT			