APPLICANT INFORMATION	- Gali
Name:	Date:
Address:	City:
State: Zip Code: Number: ()	Email:
Position desired?	
Can you perform the essential functions of the posit	tion for which you are applying?

YES D NO D

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

WHOLESALE FOOD DISTRIBUTORS

When are you available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES INO (Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 year	s? YES 🛛	NO 🗆	
(If no, you may be required to p	rovide autho	prization to w	ork.)

Have	you ever	worked	for this	Company	before?	YES 🛛	NO 🗆
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If yes, where? \_\_\_\_\_ When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES	NO 🗆
If yes, who and where do they work?	

Please complete the following employment history or attach a resume

Name of Employer		Telephone Number		
Full Address (Including Street, & Zip)	City, State	Supervisor	s Name and Title	
Dates Employed	From Mont	h/Day/Year	To Month/Day/Year	
Describe the Work Performed				

## EMAIL COMPLETED FORM TO: HR@foodsgaloreusa.com

Name of Employer		Telephone Number		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed	From Mont	:h/Day/Year	To Month/Day/Year	
Describe the Work Performed				
Name of Employer		Telephone Number		
Full Address (Including Street, City, State & Zip)		Supervisor'	's Name and Title	
Dates Employed	From Mont	:h/Day/Year	To Month/Day/Year	
Describe the Work Performed	<u> </u>			

Use an additional sheet of paper if more space is necessary.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

## IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: \_\_\_\_\_