

SPICES OF INDIA

438 Evans Street, Williamsville, Buffalo, NY-14221

Phone 716-633-4800 Fax 716-633-0808 email: spicesofindia@gmail.com

Date of application: _____ Date available to start: _____

TELL US ABOUT YOURSELF

First name: _____ last name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____ Email: _____

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the U.S.? YES _____ NO _____

Have you ever served in the U.S. Military? YES _____ NO _____

If you are under 18 years of age, please state your date of birth. Day _____ Month _____ Year _____

Have you ever been convicted for a crime other than a minor traffic violation? YES _____ NO _____

(Answering 'yes' will not automatically disqualify you from employment)

If YES, please explain offense and final disposition: _____

MY EDUCATION AND ACTIVITIES

Please specify last diploma/degree obtained or in progress: _____

What hobbies and/or activities are you involved in? _____

MY EMPLOYMENT HISTORY

CURRENT/MOST RECENT EMPLOYER Can we contact this company? YES _____ NO _____

Company: _____ Start date: ____/____/____ End date: ____/____/____

Supervisor name: _____ Phone #: (____) _____

Position/Duties: _____

Reason for leaving: _____ Starting Pay: _____ Ending Pay: _____

PREVIOUS EMPLOYER Can we contact this company? YES _____ NO _____

Company: _____ Start date: ____/____/____ End date: ____/____/____

Supervisor name: _____ Phone #: (____) _____

Position/Duties: _____

Reason for leaving: _____ Starting pay: _____ Ending Pay: _____

MY AVAILABILITY & JOB POSITION (PLEASE CHECK ALL THAT APPLY)

POSITION STATUS MY HOURS OF AVAILABILITY

	Full Time: _____	Part Time: _____					
FROM	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
TO	_____	_____	_____	_____	_____	_____	_____
Pay Expectations: \$	_____ Hrs/Mo/Yr			Preferred number of hours per week: _____			

MY REFERENCES

List any references not given above. Please do not list relatives.

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING:

I agree that any claim or lawsuit relating to my service with Spices of India must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I hereby waive any statute of limitations to the contrary. In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, Educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Spices Of India and/or a 3rd party company upon request and I release anyone so authorized, Spices Of India, and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Spices of India. I understand and agree that if employed, the employment will be "at will". That is, either I or Spices of India may end the employment relationships at any time, for any reason, or for no reason. I understand that receipt of this application by Spices of India does not imply employment and that this application is not a contract of employment.

SIGNATURE: _____ DATE: ____/____/____

VARIOUS FEDERAL STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. A Spices Of India IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION.