



We are an Equal Opportunity Employer. Applicants for all job openings will be considered without regard to race, color religion, national origin, sex, age, sexual orientation, physical or mental disability, veterans status or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

EMPLOYMENT APPLICATION FORM

PERSONAL DATA *(Please print clearly)*

Date of Application: _____ Phone Number: (____) ____ - _____

Name: _____
Last *First* *Middle Initial*

Address: _____
Street *City* *State* *Zip*

Previous Address: _____
Street *City* *State* *Zip*

- Can you, after employment, submit verification of your legal right to work in the United States? Yes No
- Are you over 18 years of age? Yes No
- If hired, do you have a reliable means of transportation to get to work? Yes No
- Have you ever applied at the Company before? Yes No If yes, when? _____
- Were you ever employed by this company? Yes No
 If yes, when and where? _____
- Have you ever been convicted of any felony? (Do not include marijuana-related convictions that occurred more than two years prior to the date of this application). Yes No
 If yes, please explain (a conviction will not necessarily disqualify you). _____
- Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? Yes No

GENERAL

- Position desired _____ Date available _____ Salary desired _____
- Are you presently employed? Yes No If yes, may we contact your present employer? Yes No
- Please refer to the attached job description for the position to which you are applying. Will you be able to work the schedule described? Yes No If no, describe how we could accommodate you: _____
- How were you referred to the Company? Ad Employee Referral Walk-in Agency Other (specify) _____

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Reference #1	Name	Address	Phone
Reference #2	Name	Address	Phone
Reference #3	Name	Address	Phone
Reference #4	Name	Address	Phone

EDUCATION

Type of School	Name and Location	Type of Course	Check Last Year Completed				Degree or Diploma
			6	7	8	9	
Grade							
High or Preparatory			1	2	3	4	
College or Technical			1	2	3	4	
Business College, Night-High School, or Trade School			Number of months				
University Extension, Correspondence, etc.							

SPECIALIZED TRAINING AND SKILLS

Please list any specialized training, skills, or background you have which relate to the position(s) applied for and would help you in the performance of your work (include military training, on-the-job training and accomplishments, volunteer work, etc.).

EXPERIENCE (Start with your present or most recent position.)

Name and Address of Employer					
Supervisor/Name and Title		Your Title		From	To
Duties and Responsibilities					
Rate of Pay	Why did you leave, or why did you want to change jobs?				
Name and Address of Employer					
Supervisor/Name and Title		Your Title		From	To
Duties and Responsibilities					
Rate of Pay	Why did you leave, or why did you want to change jobs?				
Name and Address of Employer					
Supervisor/Name and Title		Your Title		From	To
Duties and Responsibilities					
Rate of Pay	Why did you leave, or why did you want to change jobs?				
Name and Address of Employer					
Supervisor/Name and Title		Your Title		From	To
Duties and Responsibilities					
Rate of Pay	Why did you leave, or why did you want to change jobs?				

PRE-EMPLOYMENT CERTIFICATON

I understand that this application is only valid for the position applied for and that the Company is not obligated to retain or consider this application for future openings. ____Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from. ____Initial

If employed by the Company, I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work. ____Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations. _____ Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me. _____ Initial

If I am employed by the Company, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company, no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company. ____ Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the arbitration provision set forth above. This application contains all the understanding and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Applicant Signature: _____

Date of Application: _____

Interviewer's Signature: _____

Date of Interview: _____

APPLICANT AFFIRMATIVE ACTION INFORMATION FORM**Voluntary -- Not Required**

Thank you for your interest in employment with our Company. The following questions about your race and gender are included only because of government regulations, and you do not have to answer them. As an Equal Opportunity Employer, the Company does not use this information in its employment decisions, so whether or not you return this form has no effect on your application. Submitting this information is purely voluntary. If you choose to submit it, it will be kept confidential to the extent provided by law. Not returning this form or leaving any section blank is treated as deciding not to disclose the information, which is your right.

1. Name: _____
2. Date of application: _____
3. Position(s) applied for: _____
4. Gender: Male Female
5. Race/ethnic background (check one only):

Hispanic/Latino	Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
White	Persons having origins in any of the original peoples of Europe, the Middle East or North Africa.
Black/African American	Persons having origins in any of the black racial groups of Africa.
Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
Native Hawaiian/Other Pacific Islander	Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
American Indian/Alaska Native	Persons having origins in any of the original peoples of North and South America, (including Central America), and who maintain tribal affiliation or community attachment.
Two or more Races	Non-Hispanic persons who identify with more than one of the following five races: (1) White, (2) Black, (3) Asian, (4) Native Hawaiian/Other Pacific Islander, (5) American Indian/Alaska Native.

If you wish to provide this information, you may submit it with your application form or send it to the appropriate address

Monterey Mushroom Inc/Spawnmate/Amycel is an affirmative action, equal opportunity employer.

EMPLOYEE AFFIRMATIVE ACTION INFORMATION FORM

To the extent we are subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 or section 503 of the Rehabilitation Act of 1973, or the Jobs for Veterans Act of 2002, as amended, we comply with requirements to take affirmative action regarding qualified individuals with a disability, disabled veterans, other protected veterans, Armed Forces service medal veterans, and recently separated veterans. If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely.

Submitting this information is voluntary. Providing it or declining to provide it will not affect your employment in any way. The information will be used only in ways consistent with the law. It will be kept confidential, except that it may be used to determine necessary accommodations and to inform first aid/safety personnel or government officials enforcing applicable laws.

1. Name: _____

2. You may check any item applicable to you:

Disabled	(Anyone having any physical or mental impairment, which substantially limit one or more major life activities).
Disabled Veteran	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay).
Other Protected Veteran	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at http://www.opm.gov/staffingportal/vgmedal2.asp
Armed Forces Service Medal Veteran	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran	(Veteran who served on active duty and was discharged or released from active duty within the last three years).

3. If you checked Disabled or Disabled Veteran, you may identify any reasonable accommodations we could make that would better enable you to perform the essential functions of the job properly and safely:

Signature: _____

Date: _____

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