

EMPLOYMENT APPLICATION

Fresh Vitamins, Inc., dba Arizona Health Foods

You must fully and accurately complete this Employment Application. Incomplete applications will not be considered. If you do not have all information with you at this time, please keep this Application and return it when it is complete.

<i>Name (Last)</i>	<i>(First)</i>	<i>(MI)</i>	<i>Social Security No.</i>	<i>Date</i>
				/ /
<i>Address:</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone ()</i>		<i>Work Phone ()</i>		<i>Email Address</i>

Position Desired _____ Salary _____ Type of Employment Full Time Part time

When are you available for work _____ Are you under 18 years of age? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (attach additional sheets as necessary).

EDUCATION

<i>High School</i>	<i>College/University</i>	<i>Business Or Trade School:</i>
<i>Years Attd.</i>	<i>Years Attd.</i>	<i>Years Attd.</i>
<i>Did you Graduate?</i>	<i>Major/Degree</i>	<i>Certification</i>

WORK HISTORY (List most recent position first)

<i>Employer</i>	<i>Title</i>	<i>Salary</i>	<i>Start Date</i>	<i>End Date</i>
			/ /	/ /
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Duties and Responsibilities:</i>		<i>Reported to / Phone number:</i>		<i>Reason for Leaving:</i>
<i>Employer</i>	<i>Title</i>	<i>Salary</i>	<i>Start Date</i>	<i>End Date</i>
			/ /	/ /
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Duties and Responsibilities:</i>		<i>Reported to / Phone number:</i>		<i>Reason for Leaving:</i>
<i>Employer</i>	<i>Title</i>	<i>Salary</i>	<i>Start Date</i>	<i>End Date</i>
			/ /	/ /
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Duties and Responsibilities:</i>		<i>Reported to / Phone number:</i>		<i>Reason for Leaving:</i>

(WORK HISTORY Continued)

Employer	Title	Salary	Start Date	End Date
			/ /	/ /
Address	City	State	Zip Code	
Duties and Responsibilities:	Reported to / Phone number:		Reason for Leaving:	

SKILLS DESCRIPTION _____

HONORS/AWARDS _____

EMPLOYMENT/ PROFESSIONAL REFERENCES

Name	Telephone()
Company	
Position	
Name	Telephone ()
Company	
Position	
Name	Telephone ()
Company	
Position	

I understand that to be considered as a formal applicant, the position for which I am applying must be specifically identified, open, and recruitment for the position ongoing at the time this Application is received. This Application will be active for 90 days. I understand that if I wish to be considered after that time, I must complete a new Application for employment.

The Information on this Application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this Application disqualifies me from further consideration, or, if I am employed or become employed, is sufficient cause for dismissal. I authorize investigation of all statements contained in this Application or otherwise made to the Company and do hereby authorize any and all persons, companies or agencies to release any and all information relevant to this Application, to my previous employment and/or relationship with them and any other pertinent information they may have about me to the Company. I release all such parties from all liability of every kind as the result of furnishing the same to the Company.

I understand that if I am employed by the Company, my employment will be and will remain at –will and can be terminated at any time at my will or at the will of the Company for any reason not prohibited by law, or for no reason, and with or without notice. I further understand that the at –will status of Company employment can not be changed under any circumstance except by a written agreement signed the CEO of the Company or its parent. I further understand that none of the Company’s personnel or other policies or procedures should be construed as a contract or as a guarantee of continued employment. Any employment offer is contingent upon producing documents establishing my eligibility to work in the United States, satisfactory results from reference checks, and compliance with the Company’s policies and procedures. I understand that I may be required to provide verification (diploma, license, transcripts, type test, etc.) of information contained in this Application. I fully agree to the foregoing terms and conditions.

SIGNATURE _____ DATE _____