

Illes Seasonings & Flavors

Application for Employment

Employment is “At Will.”
There is no guarantee of employment.
This is not a contract of employment.

It is the policy of Illes Seasonings & Flavors (the “Company”) to provide equal opportunity with regard to all terms and conditions of employment. The Company complies with federal and state laws prohibiting discrimination on the basis of race, color, national origin, religion, age, disability, sex, pregnancy, sexual orientation, gender identity / transgender status, marital status (as defined under applicable law), veteran status, genetic information (including family medical history), and any other legally protected classification. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for _____ Date of application _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____ Cell # _____ E-mail Address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work _____ What is your desired salary range? \$ _____

Type of employment desired:

Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes No

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes No

Answering “yes” to this question does **not** constitute an automatic bar to employment. Factors such as the nature and severity of the crime, mitigating circumstances involved, time elapsed, rehabilitation, community service, repeat offenses, and job relatedness will be considered.

If yes, please provide date(s) and details _____

Driver’s license number if driving is an essential job function _____ State _____

Skills and Qualifications

Word Excel MS Office Power Point Internet

Please list or summarize your most relevant knowledge, skills, abilities, experience, accomplishments, education, training, licenses, certificates, or other information that shows you are qualified to perform the essential functions of the position for which you are applying.

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Employment History

Starting with your most recent employer, assignments, or volunteer activities, provide the following information:

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone #
Starting job title/final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities.	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Start \$ Per Final \$ Per	
Reason for leaving		<input type="checkbox"/> Commission \$ <input type="checkbox"/> Bonus (est.)	

From (Mo/Yr)	To (Mo/Yr)	Employer	Telephone #
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Reason for leaving		<input type="checkbox"/> Commission \$ <input type="checkbox"/> Bonus (est.)	

Educational Background (if job related)

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

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Military Experience		
Branch of Service	Dates of Service	Rank as of Discharge (if applicable)

If you have served in the military, please list or summarize your most relevant military duties performed, training received, and work experience, that shows you are qualified to perform the essential functions of the position for which you are applying.

References				
Name	Title	Relationship To Candidate	Telephone and/or Email	# of Years Known

Applicant Statement

I UNDERSTAND THAT THE COMPANY DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND THAT NO INFORMATION ON THIS APPLICATION WILL BE USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAW.

I UNDERSTAND THAT THIS APPLICATION REMAINS CURRENT FOR ONLY 30 DAYS. AT THE CONCLUSION OF THAT TIME, IF I HAVE NOT HEARD FROM THE COMPANY AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO REAPPLY AND FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I WOULD BE EMPLOYED ON AN "AT-WILL" BASIS, MEANING THAT I WOULD BE FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY OR NO REASON, SUBJECT TO COMPANY POLICY, AND THAT THE COMPANY WOULD BE FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON NOT PROHIBITED BY LAW, OR FOR NO REASON, WITHOUT ADVANCE NOTICE. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY, IN THE ABSENCE OF A WRITTEN AGREEMENT SIGNED BY THE EMPLOYER'S PRESIDENT.

I ALSO UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT, I WILL BE REQUIRED TO COOPERATE WITH, AND SUBMIT TO, A BACKGROUND CHECK AND DRUG TEST, AND TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES, AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IN ORDER TO APPLY FOR AND SECURE WORK WITH THE COMPANY IS TRUE, COMPLETE, AND CORRECT.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE MATERIALLY FALSE, INCOMPLETE, OR MISLEADING, WILL BE LAWFUL CAUSE FOR THE COMPANY TO (I) CANCEL FURTHER CONSIDERATION OF THIS APPLICATION, OR (II) IMMEDIATELY WITHDRAW AN OFFER OF EMPLOYMENT OR DISCHARGE ME FROM COMPANY EMPLOYMENT, AS APPLICABLE, WHENEVER DISCOVERED.

Signature of Applicant _____ Date _____

Completed application may also be returned by:

- **Email** : salmanza@illesfoods.com
- **Fax**: 214-689-1380
- **Mail**:
 - Shana Almanza
 - Illes Seasonings & Flavors
 - 2200 Luna Rd., Ste. 120
 - Carrollton, TX 75006