



Employment Application

(OFFICE USE ONLY)

Class Code

APPR. _____ DISAPPR. _____ BY _____

Reason _____

Pending Code _____

There are 3 ways to submit your completed application:

- 1) Email: Career@tuttimelon.com
- 2) Mail: **Human Resource Department**
2240 Chestnut Street
San Francisco, CA 94123
- 3) Or you may submit the application to the store manager

SOCIAL SECURITY NUMBER:		PRINT OR TYPE ALL INFORMATION
-------------------------	--	-------------------------------

Name and Contact Information:

Name:							
Last				First		MI	
Address:							
Street		City		County		State	
Zip Code							
Home Phone:		Cell Phone:		E-mail:			

Applying For:

Job Title:		Store Location	
------------	--	----------------	--

Available Hours to Work: (e.g. 11am – 5pm)

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Education and Training:

Do you have a high school diploma or GED?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, what is the highest grade that you completed?		
School:			Address (City, State):					
Dates attended:		From	-	To	Major course of study:			

COLLEGE AND GRADUATE SCHOOL EDUCATION

Name/Location of School(s)	Dates Attended	Major	# of Credits Completed	Type of Degree	Degree Earned? (Yes or No)

SPECIALIZED TRAINING OR CLASSES RELEVANT TO THE JOB

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

WORK EXPERIENCE:

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional 8 1/2" x 11" sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the minimum experience qualifications for the job for which you are applying.

Job Number 1:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
<p>Job Duties:</p> <p>Reason For Leaving:</p>		

Job Number 2:		
Name of Employer:	Employer's Address (Street, City, State, Zip Code):	
Type of Business:	Supervisor's Name and Phone Number:	
Your Job Title:	Do you supervise other employees? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?	Job Titles of Those You Supervise:
Dates of Employment (From: <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	Is your position considered full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	How many hours do you work per week?	
<p>Job Duties:</p> <p>Reason For Leaving:</p>		

Are you fluent in a language other than English? (if required for the job for which you are applying) Yes No
 If yes, please list:

Have you ever been convicted of any violation of law other than a minor traffic violation? Yes No
 If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to this application.)

DATE: _____ **SIGNATURE OF APPLICANT:** _____

AVAILABLE FOR EMPLOYMENT WHICH IS: Full-time Part-time Temporary

(Remove this section of the application prior to the interview process.)

TO FURTHER ITS COMMITMENT TO EQUAL OPPORTUNITY EMPLOYMENT, THE STATE OF CALIFORNIA REQUESTS APPLICANTS TO PROVIDE, VOLUNTARILY, THE FOLLOWING INFORMATION. THIS INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY BY AUTHORIZED PERSONNEL.

BIRTH DATE: _____ MALE FEMALE ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES NO
Month/Day/Year

RACE/ETHNIC IDENTIFICATION – PLEASE CHECK ALL THAT APPLY

Are you of Hispanic or Latino origin? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin 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.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Hispanic or Lation Origin (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture)
5. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
6. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)