



APPLICATION FOR EMPLOYMENT



COMPANY POLICY, FEDERAL AND STATE LAW PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, SEX, AGE, DISABILITY, OR ANY OTHER PROTECTED GROUP.

PERSONAL				
LAST NAME	FIRST NAME	INITIAL	DATE	
PERMANENT ADDRESS	CITY	STATE	ZIP	TELEPHONE (Home/Cell)
ADDRESS AT WHICH YOU MAY BE REACHED	CITY	STATE	ZIP	TELEPHONE (Work)
OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED:				
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES*?	ARE YOU LESS THAN 18 YEARS OF AGE?	IF YOU ARE UNDER THE AGE OF 18, DO YOU HAVE AN EMPLOYMENT/AGE CERTIFICATE OR WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAMES OF FRIENDS OR RELATIVES EMPLOYED AT THIS COMPANY:		
HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE?	IF YES, GIVE DATE AND POSITION APPLIED FOR:	HAVE YOU EVER BEEN EMPLOYED AT THIS COMPANY BEFORE?	IF YES, GIVE DATES OF EMPLOYMENT:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU CURRENTLY BOUND BY AN EMPLOYMENT CONTRACT OR NON-COMPETE AGREEMENT?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A CRIME WITHIN THE PAST 7 YEARS? IN CALIFORNIA, 'CRIME' EXCLUDES ANY CONVICTION MORE THAN 2 YEARS OLD FOR A MARIJUANA-RELATED OFFENSE.		IF YES, LIST DATE, OFFENSES & DISPOSITION (CONVICTIONS ARE NOT AN AUTOMATIC DISQUALIFICATION FORM EMPLOYMENT)		
<input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION/TRAINING				
SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE POINT AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
OTHER APPLICABLE CERTIFICATIONS / TRAINING / LICENSES HELD:				
HONORS OR AWARDS RECEIVED:				
U.S. MILITARY SERVICE / BRANCH		HIGHEST RANK HELD:	SPECIAL TRAINING / CERTIFICATIONS:	
PLEASE INDICATE ANY FOREIGN LANGUAGES THAT YOU		ARE YOU TAKING ANY EDUCATIONAL COURSES AT PRESENT?	IF YES, WHAT AND WHERE?	
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVER'S LICENSE INFORMATION IF REQUIRED BY JOB?		TYPE	DATE EXPIRES	

EMPLOYMENT INTERESTS				
CURRENT OPEN POSITION APPLYING FOR:	POSTING CODE	CAN YOU PERFORM THE ESSENTIAL FUNCTION OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS?	DATE AVAILABLE:	SALARY EXPECTED:
TYPE OF EMPLOYMENT YOU ARE SEEKING		<input type="checkbox"/> YES <input type="checkbox"/> NO	SHIFTS YOU CAN WORK	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER			<input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVEYARD	
HOW WERE YOU REFERRED TO OUR COMPANY?			NAME OF REFERRAL SOURCE	
<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> INTERNET JOB BOARD <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SOURCE				
<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CHIQUITA WEBSITE <input type="checkbox"/> OTHER				

REFERENCES			
LIST PEOPLE WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)			
NAME, ADDRESS, CITY, STATE AND ZIP	TELEPHONE	OCCUPATION	RELATIONSHIP / YEARS KNOWN

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EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK ONLY IF YOU ARE A RECENT GRADUATE. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

COMPANY NAME	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH / YEAR) FROM: TO:
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HOUR/MONTH/WEEK) START: End:
DESCRIPTION OF DUTIES		REASON FOR LEAVING	

	IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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	IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID.
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I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or any oral statements made at any time during the recruiting process or supplementary materials will be cause for refusal to hire or for immediate discipline, up to and including my termination regardless of when the false statement is discovered. I authorize this company to contact any of my past employers, except as otherwise indicated, and/or schools and authorize my past employers and/or schools to furnish any information concerning my previous employment and/or education. I release this company and all persons and organizations from all claims and all liabilities of any nature arising from such investigations or the supplying of information for such investigations. In making this application for employment I also understand that any investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry may include information on my character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

I have no objection to making application for a fidelity bond or security clearance, signing an employee agreement on confidential information and inventions or taking a physical medical examination at any time at the option and expense of the company. If hired, I will be required to submit proof of authorization to work in the U.S. I understand that my employment is for no definite period of time and may be terminated at any time by the company or by me, with or without cause. I have read and understand the foregoing statements and accept the same as conditions of employment. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurances or promise of continued employment.

I hereby consent to the use of electronic means to facilitate my application for employment. I further hereby state that the entry of my name on the signature line below indicates that this is my official electronic signature and shall be considered as such.

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Signature

Date

**Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the Company will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and, upon employment, it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.*



APPLICANT CONSENT AND RELEASE FOR TESTING & BACKGROUND INVESTIGATION

TESTING

I am an applicant for a position with Chiquita Brands International. By signing below I understand that, should I be offered the position for which I'm applying, I will be required to authorize a urinalysis, breath and/or blood tests, including withdrawal of samples. I understand that this test is for drugs, alcohol, and other controlled substances and is a condition of employment with the Company. I also understand that the Company will require my signed authorization on any forms necessary to complete the test, as provided by the testing agency.

NAME OF APPLICANT (Please Print)

Date

Signature of Applicant

BACKGROUND INVESTIGATION

I am an applicant for a position with Chiquita Brands International. By signing below I understand that, should I be offered the position for which I'm applying, I will be required to authorize a background investigation to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. I understand that this background investigation is a condition of employment with the Company. I also understand that the Company will require my signed authorization on any forms necessary to complete this investigation, as provided by the investigating agency.

NAME OF APPLICANT (Please Print)

Date

Signature of Applicant