

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 Applied for _____ 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)
- List any languages spoken other than English which is related to the position for which you are applying for.

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Reference #1			
	<small>Name</small>	<small>Address</small>	<small>Phone</small>
Reference #2			
	<small>Name</small>	<small>Address</small>	<small>Phone</small>
Reference #3			

EDUCATION

Type of School	Name and Location	Type of Course	Circle 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, 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 therefrom. _____ 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

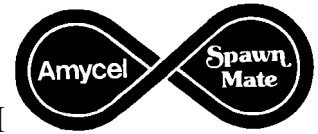
If I am employed by the Company, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company, no manager, supervisor or representative of the Company has 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:** _____

THIS SECTION FOR EMPLOYER USE ONLY



EMPLOYEE AFFIRMATIVE ACTION FORM

Section 1233 of the California Government Code gives each applicant the opportunity to voluntarily indicate his/her identification on an employment application. Each applicant also has the opportunity to voluntarily identify any disability(s). This information will be used by Monterey Mushrooms, Inc. in conducting research and in compiling statistical reports regarding the composition of its job applicants and work force. It is illegal to use this information to discriminate against, or give preference to, a person for hiring or promotion. After this information has been recorded by the Employee Services Department, it will be removed from the application prior to review by hiring departments.

I agree to provide the requested information as follows:

1. Name: _____

2. Date of Application: _____

3. Position(s) applied for: _____

4. **PLEASE CHECK ONE BOX WHICH APPLIES TO YOUR ETHNIC GROUP:**

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person 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.
- American Indian or Alaskan (Not Hispanic or Latino)** - A person 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 (Not Hispanic or Latino)** - All persons who identify with more than one of the above races.
- Other _____