



CHEESE-FREE CHEESE FOR
PEOPLE WHO LOVE CHEESE™

Galaxy Nutritional Foods, Inc.

66 Whitecap Drive, Suite 2
North Kingstown, RI 02852

Date _____

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute For A Complete Application.

TO THE APPLICANT: We appreciate your interest in Galaxy Nutritional Foods (the Company) and assure you that we are interested in your qualifications. A clear and full understanding of your background and work history will aid us in placing you in a position that best meets your qualifications and any openings that we may have at this time.

Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, marital status, disability, veteran’s status or any other basis prohibited by federal, state and local law.

Galaxy Nutritional Foods also provides reasonable accommodations to qualified individuals with disabilities in accordance with the American with Disabilities Act (ADA) and applicable state and local law.

This employer is subject to the provisions of the Workers’ Compensation Act of the State of Rhode Island in accordance with Rhode Island General Law 28-32-1 as amended to date.

Position Applied For _____

Name _____ Social Security No. _____

Street Address _____

City / State / ZIP _____ Desired Salary _____

Telephone Number: Home (____) _____ Cell (____) _____

Email Address _____

Are you able at the time of employment, to submit verification of your legal right to work in the U.S.? (Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.) Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you seeking Full or Part-time work? _____ What shift? _____

When are you available to begin work? _____

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? Yes No

List your computer, foreign language skills and work experience that you feel qualifies you for the job for which you are applying:

If a license is required for the position for which you are applying, please list the following:

License Number _____ State of Issuance _____

License Type _____

EDUCATION

Education	School Name and Location	Course of Study	Graduate?	# Years	Degree/Diploma
High School					
College					
Bus/Tech/Trade or Post Grad					

WORK EXPERIENCE

Please list below your last three (3) employers beginning with the most recent.

Name & Address of Company: (Describe type of business)

Name _____ Address _____

Type of Business _____

Phone (____) _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Supervisor's Name _____

Compensation Start \$ _____ Last \$ _____ Reason Left _____

Duties _____

Name & Address of Company: (Describe type of business)

Name _____ Address _____

Type of Business _____

Phone (____) _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Supervisor's Name _____

Compensation Start \$ _____ Last \$ _____ Reason Left _____

Duties _____

Name & Address of Company: (Describe type of business)

Name _____ Address _____

Type of Business _____

Phone (____) _____ Dates Employed From ____/____/____ To ____/____/____

Job Title _____ Supervisor's Name _____

Compensation Start \$ _____ Last \$ _____ Reason Left _____

Duties _____

DISCLOSURE TO APPLICANT AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that Galaxy Nutritional Foods may utilize the services of a consumer-reporting agency as a part of the procedure for processing my application for employment. I also understand if my application for employment is granted, Galaxy Nutritional Foods may obtain further information through subsequent investigations by a consumer-reporting agency so as to update, renew or extend my employment.

I understand the consumer reporting agency's investigation may include, but is not limited to, obtaining information regarding my credit background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, judgment, liens, and criminal background.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Galaxy Nutritional Foods within two days of the receipt of the report. If I notify Galaxy Nutritional Foods within two days of the receipt of the report that I am challenging information in the report, Galaxy Nutritional Foods will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Galaxy Nutritional Foods to produce a report on my background as stated above from a consumer-reporting agency.

Applicant Signature

Date

APPLICANT CERTIFICATION

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, the immediate dismissal of employment.

I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with Galaxy Nutritional Foods is on an at-will basis. This means the Company is free to terminate my employment relationship at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the Company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by Galaxy Nutritional Foods and me.

I further understand that I am responsible for being familiar with the Company's policies, rules, and regulations, and understand that the Company has complete discretion to modify its policies, rules, regulations, and practices at anytime, to the extent permitted by federal or state law, except that it will not modify its policy of employment-at-will. By my continued employment with the Company, I consent to any such changes.

I authorize Galaxy Nutritional Foods to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law, and agree to complete any requisite authorization forms.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the employer and its representative(s) for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that, as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete and/or conflict of interest statement.

I understand that the employer may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If the employer has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of this location, pursuant to the employer's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the employer's policies and applicable federal, state and local law.

I understand this Company hires only individuals who are legally eligible to work in the United States.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from the employer and still wish to be considered for employment, it will be necessary for you to complete a new application.

Applicant Signature

Date