

AVAILABILITY (Please indicate your availability for work by checking all items that apply.)

_____ 1st Shift _____ Full-time (40+ hours per week) _____ Available for Weekday Overtime

_____ 2nd Shift _____ Part-time (Less than 40 hours per week) _____ Available for Weekend Overtime

_____ 3rd Shift _____ Temporary Employment: from _____ to _____

REFERENCES (Please list the names of three persons not related to you, whom you have known at least one year (i.e. foreman, supervisor, coworker, etc.)

Name and Address	Daytime Telephone Number	Years Acquainted	How do you know this person?

GENERAL

Skills or qualifications related to the position applied for: _____

Special training or education related to the position applied for: _____

In an Emergency, Notify:

Name

Address

Telephone

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire, or if hired, termination. I authorize you to request, receive and verify all information given in this application. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education (if applicable), or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. A photocopy of this release shall be as valid as the original, and may be relied on by all persons providing information. I further authorize Masters Gallery Foods, Incorporated to provide any and all information concerning my employment at the company, personal or otherwise, to prospective future employers or other appropriate parties and release Masters Gallery Foods, Incorporated and its employees from any and all liability or damages from furnishing such information. I acknowledge that if I am employed by Masters Gallery Foods, Incorporated, my employment will be "at will," and may be terminated with or without cause at any time by me or by Masters Gallery Foods, Incorporated.

SIGNATURE: _____ DATE: _____

PREPARER'S SIGNATURE (Complete if this application was prepared by anyone other than the above named applicant.)

I attest that I have assisted in the completion of this application and that, to the best of my knowledge, the information is true and complete.

SIGNATURE: _____ PRINT NAME: _____

ADDRESS: _____ DATE: _____

(Street Name and Number, City, State, Zip code)