



Feeling Good from the Inside Out.
Since 1952

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Cascade Location:

6807 Cascade Road SE
Grand Rapids, MI 49546
Phone: (616) 975-7555

Hudsonville Location

4150 32nd Ave
Hudsonville, Mi 49426
Phone: (616) 896-6630

Eastern Location:

1944 Eastern SE
Grand Rapids, MI 49507
Phone: (616) 245-6268

Instructions to Applicant:

1. Please print all information.
2. Please accurately complete this application.
3. Incomplete applications will not be considered.

Date: _____

Store location desired: _____

PERSONAL INFORMATION:

Name: _____

Last

First

Middle

Social Security Number: _____ / _____ / _____

Home or mailing address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Alternative Phone: _____ Best time to call: _____

Are you 16 or older? _____ Are you 18 or older? _____

Job Interest/Employment desired:

Position desired: _____ Wage required: _____

Type of employment desired: Full-time _____ Part-time _____ Temporary _____

Indicate specific times you would be available for work each day.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Date available to begin work: _____

Education	Name and Location of school	Course of study	Did you graduate?	List diploma or Degree
High School			Yes _____ No _____ Attending ___	
College or University			Yes _____ No _____ Attending ___	
Other (Specify)			Yes _____ No _____ Attending ___	

EMPLOYMENT HISTORY

List below all present and past employment beginning with you most recent. Account for last 10 years, if applicable, including periods of unemployment and military service.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Is this a complete list of your last 10 years of employment? Yes ___ No ___

ADDITIONAL INFORMATION:

Approximately how many days have you missed during your last 12 months of employment/school? _____

Have you ever been employed by Harvest Health before? Yes ___ No ____ . If yes, indicate the date you were employed:
From _____ To _____

Have you been convicted of a crime? Yes ___ No ____ If yes, please explain _____

Do you have any felony arrests pending? Yes ___ No ____ If yes, please explain _____

GENERAL INFORMATION

Additional experience, skill and information relating to position applied for or of general interest: _____

Describe hobbies, special interests, awards and activities: _____

I understand and agree that if hired, my employment and compensation can be terminated by myself or the company with or without cause, and with or without notice, at any time within 90 work days after my date of hire. After that time, I understand and agree that my employment is subject to termination any time the company determines, in its sole discretion, that my performance is not satisfactory to the company. I also understand and agree that I may not file any action or suit relating to my termination from Harvest Health beyond six (6) months after the date of my termination. I specifically waive any statutory limitation periods to the contrary. I understand that no manager or representative of this company, other than the President/Owner of the company, has any authority to enter into any agreement contrary to the foregoing. Any such agreement with the President/Owner of the company must be in writing, or it shall be of no effect.

All of the information on this application or made in conjunction with this application is correct and true to the best of my knowledge. I authorize Harvest Health to verify all information supplied on or in connection with this application. I understand that any false or misleading statement made by me in connection with this application or the failure to disclose any pertinent information will be grounds for non-hire or immediate dismissal.

Signed _____ Dated _____

This application for employment will be come inactive after 90 days. If you wish to be considered after that time, you must complete a new application for employment.