



TEAM MEMBER APPLICATION

PERSONAL INFORMATION (please print)

Name _____ **Today's Date** _____

Last _____ First _____ Middle _____

Name you preferred to be known by/called: _____ Are you less than 18 years of age? _____

Current Home Address

Street _____ Suite/Apt _____ City _____ State _____ Zip Code _____

Phone Number _____ **Emergency Contact Information**

Home _____ Cellular _____ Name _____ Phone _____

Email Address(s)

Personal _____ School/Work _____

Are you legally eligible for employment in the US? Yes No
 Proof of US citizenship may be required if hired.

POSITION & AVAILABILITY

Position Desired _____ **Location** _____ **Hourly Wage/Salary Desired** _____ **Date Available** _____

Specify hours available for each day of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Are you available to work overtime? Yes No Have you ever worked for Swerve, LLC or any of its affiliates? Yes No

EDUCATION

	Name of Address of School	Circle Last Year Completed	Did You Graduate?	Subjects Studies and/or Degrees Received
High School	_____	1 2 3 4	Y N	

College	_____	1 2 3 4	Y N	

Post College	_____	1 2 3 4	Y N	

Specialty School and/or Training	_____	1 2 3 4	Y N	

Please tell us why you would like to work for Swerve, LLC?

FORMER EMPLOYERS

*Please list current and past two employers, starting with most recent.
Please complete thoroughly even if you attach a resume.*

DATE (Month/Day/Year)

From	Current Employer (Name/Address & Business Type)	Salary or Hourly Starting: _____ Ending: _____ Avg # of Hours per week: _____	Position	Reason for Leaving
To				
Duties Performed				
Supervisor		Phone Number		May we contact?
From	Current/Previous Employer (Name/Address & Business Type)	Salary or Hourly Starting: _____ Ending: _____ Avg # of Hours per week: _____	Position	Reason for Leaving
To				
Duties Performed				
Supervisor		Phone Number		May we contact?
From	Previous Employer (Name/Address & Business Type)	Salary or Hourly Starting: _____ Ending: _____ Avg # of Hours per week: _____	Position	Reason for Leaving
To				
Duties Performed				
Supervisor		Phone Number		May we contact?

REFERENCES

Please give the names of three professional references whom you have known at least one year.

	Name	Address & Phone Number	Business	How do you know this person?
1				
2				
3				

I certify that my answers are true and complete to the best of my knowledge. I hereby authorize Swerve, LLC to thoroughly investigate my background, employment record and other matters related to my suitability for employment. Additionally I authorize persons, schools, my current employer (if applicable) and previous employers and organizations contacted by Swerve, LLC to provide relevant information regarding my current and/or previous employment and I release all person, schools, employers of any and all claims for providing such information. I understand that should I become an employee of Swerve, LLC that I will be required to sign a Confidentiality & Non-Compete Agreement. I understand that misrepresentation or omission of facts may results in rejection of this application, or if hired, discipline up to and including termination. I understand that filing out this form does not indicate there is a position open and does not obligate Swerve, LLC to hire me.

Date: _____ Signature: _____ Printed Name: _____

Please mail or fax to:
Swerve, LLC 1533 Sams Avenue, Suite C Harahan, Louisiana 70123
Phone: 504-309-9280 Fax: 504-309-9287 www.swervesweetener.com



..... As an Equal Opportunity Employer we celebrate diversity within our company!