

NUTRITION ALLIANCE, LLC

We are an innovative nutrition and culinary consulting team in Arizona that provides expertise to a diverse community including healthcare and the food industry.

If you are a
Self-Motivated, Driven
and **Dependable**
Nutrition Professional
And you want
Flexibility,
to **Make a Difference** and
be part of a **Well Respected Company**

Then We Want You!

Send your application and resume to:

E-mail: office@nutritionalliance.com

Fax : 1-888-550-4813

Mail: Nutrition Alliance, LLC

PO Box 14143

Tempe, AZ 85284-0070



NUTRITION ALLIANCE, LLC EMPLOYEE APPLICATION

An Equal Opportunity Employer

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for Nutrition Alliance, LLC? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, employment is subject to verification that you are of minimum age.			
How did you hear about our position?			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

WORK SKILLS	
Please list any additional experiences, skills and qualifications which you believe relate to the position for which you are applying:	
Are you professionally licensed or registered with any professional group, association or society relating for the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of group	
Registration or license number:	State: Expiration date:
Name of group	
Registration or license number:	State: Expiration date:
Has your professional license or certification ever been restricted, limited or suspended? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain:	

EMPLOYMENT HISTORY			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

CRIMINAL HISTORY

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? YES NO
Minor traffic violations include speeding tickets, parking citations, seatbelt violations, vehicle inspection violations, etc. DUI, DWI, vehicular homicide etc. are NOT considered minor traffic violations and must be disclosed.
If your answer to the question above is YES, please list ALL convictions and related dates. (Include major traffic offenses such as DUI, DWI, vehicular homicide, etc.)

Offense:

Conviction Date: Felony Misdemeanor

Offense:

Conviction Date: Felony Misdemeanor

Offense:

Conviction Date: Felony Misdemeanor

Please note: Conviction of a crime is not an absolute bar to employment: factors such as the nature of the offense and how long ago the offense occurred will be considered to determine employment eligibility. Nutrition Alliance, LLC conducts criminal background checks on all applicants as a condition of employment. Falsification of this information will be cause for denial of employment or termination.

Have you ever been excluded, suspended or otherwise determined ineligible for participation in federal or state health care programs? YES NO

If YES, please explain:

Have you ever been convicted of any offense involving the abuse, neglect, endangerment or mistreatment of an elder or dependent adult, or any offense involving embezzlement from an elder or dependent adult? YES NO

If YES, please explain:

EMPLOYMENT AGREEMENTS

Are you subject to any employment agreement or post-employment agreement with any other entity (including, but not limited to, employment contracts, non-compete agreements, intellectual property rights agreements and/or confidentiality agreements)? YES NO

If yes, attach a complete and accurate copy of each agreement.

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

Applicants who accept employment will be required to present two forms of identification which establishes authorization to work in the United States.

Nutrition Alliance, LLC uses an investigative service to conduct criminal background checks and verify college degrees and certifications.

I understand that all applicants who receive an "offer to hire" from Nutrition Alliance, LLC are required, as a condition of employment, to take a drug screening and TB test. Failure to comply with the drug testing process upon notification by Human Resources will result in a withdrawal of any offer of employment

I certify that the information provided by me on my application is accurate and complete. I understand that receipt of this application does not imply that I will be employed by Nutrition Alliance, LLC. I understand that any misrepresentation or omission of fact may lead to denial of, or discharge from, employment.

I authorize Nutrition Alliance, LLC to: 1) conduct an investigation of all information contained in the application; 2) contact my references, employers, and other individuals and institutions to obtain and verify information; 3) contact any individual, employer, or other organization to provide Nutrition Alliance, LLC with any information and opinion; and 4) answer any inquiries regarding my employment, conduct, qualifications, and reason for leaving. I further release any individual, employee or other organization from any liability for providing information pursuant to the foregoing.

If employed, I understand that: 1) my employment will be "at will" and may be terminated by me or Nutrition Alliance, LLC at any time, for any reason, and without notice; 2) Nutrition Alliance, LLC may revise and make exceptions to its policies, practices, handbooks, manuals, rules, and regulations in whole or in part, at any time during my employment; and 3) unless agreed to in writing by the President & CEO of Nutrition Alliance, LLC, no written or oral statements will change my status as an at-will employee.

If employed, I agree to preserve in strictest confidence any healthcare or other confidential information that I may encounter during my employment with Nutrition Alliance, LLC.

Special Waiver of Statute of Limitations:

I further agree that, in consideration of Nutrition Alliance, LLC's review of my application, any claim or lawsuit relating to my application to or service with Nutrition Alliance, LLC must be filed no more than six (6) months after the date of the employment action that is the subject of the claim of the employment action that is the subject of the claim of the lawsuit (including, but not limited to, claims alleging violation of civil rights, breach of contract or tort). While I understand that the statute of limitations for claims arising out of an employment action may be longer than 6 months. I agree to be bound by a 6-month period of limitations and **I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

Signature: _____ Printed Name: _____ Date: _____

Nutrition Alliance, LLC is committed to the principle of equal employment opportunity. Thus, Nutrition Alliance, LLC will recruit, train, hire, transfer, promote, compensate, and make all employment-related decisions without regard to an individual's age, race, color, religion, disability, sex, national origin, genetic information, status as a recently separated veteran, disabled veteran, armed forces service medal veteran, other protected veteran, or other legally protected status as required by law.



NUTRITION ALLIANCE, LLC

AUTHORIZATION FOR BACKGROUND CHECK AND DRUG TESTING

Date: _____

I hereby give Nutrition Alliance, LLC permission to verify information concerning licensure, education, malpractice and other information as provided in my Curriculum Vitae (CV).

I also give permission for Nutrition Alliance, LLC to perform a background check on me, including a criminal history check not to exceed seven years.

I consent to drug testing of a urine and/or blood sample provided by me for evidence of controlled substances (including, without limitation, cocaine, marijuana, phencyclidine (PCP), amphetamines and opiates) and/or alcohol.

I understand that if I test positive for controlled substances and have recently taken any nonprescription or properly prescribed medications or have any other information that may bear upon and reasonably explain a positive test result, I am responsible for providing such information to Nutrition Alliance, LLC.

I also agree to provide to Nutrition Alliance, LLC, upon request, a properly executed fingerprint card complying with applicable state and federal regulations.

I further consent to TB testing, upon request by Nutrition Alliance, LLC.

I understand that any discrepancies regarding the information on my CV, any criminal history in the last seven years, and any failure to pass a drug test, refusal to submit to testing, switching or altering a sample, or refusal to cooperate with the specimen collection process (including refusal to sign an authorization form for testing), failure to provide a fingerprint card or submit to TB testing upon request, constitutes grounds for disqualification of me from further consideration for employment, or for discharge.

I release from any and all liability all representatives of Nutrition Alliance, LLC for their acts performed in connection with any of the items listed above. I hereby further authorize any party to release any information they may have about me, relating to the items above, and I also release all persons and organizations that provide such information to Nutrition Alliance, LLC, from any and all liability for giving this information.

Please print your name **as it appears on your Social Security Card**

Signature

_____-_____-_____
Social Security Number

Registration / License Number

State

Registration / License Number

State

Date of Birth