

**NOVITA NUTRITION, LLC**  
Employment Application



APPLICANT INFORMATION										
First Name				Last				M.I.		
Current Mailing Address							Apartment/Unit #			
City				State				ZIP		
Home Phone				E-mail Address						
Mobile Phone				Desired Wage/Salary						
Date Available					Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Position Applied for										
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 this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
EDUCATION										
High School				City, State						
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				City, State						
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				City, State						
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES										
<i>Please list three professional references. Please do not list family members.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

<b>PREVIOUS EMPLOYMENT</b>										
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"/>					
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"/>					
<b>MILITARY SERVICE</b>										
Branch							From		To	
Rank at Discharge							Type of Discharge			
If other than honorable, explain										
<b>CRIMINAL RECORD INFORMATION</b>										
<i>Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned or deferred AND withdrawn.</i>										
Have you ever been convicted of, or pled guilty or no contest to, any felony offense?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
<b>If you answered Yes to the above question, please provide a brief description of circumstances in this space provided:</b>										

**BACKGROUND SCREENING AUTHORIZATION**

I certify and declare under penalty and perjury under relevant state and federal law that the information contained in my employment application and or resume is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of **Novita Nutrition, LLC’s or its authorized agent’s** review of my application/resume for employment, I hereby voluntarily consent to and authorize **Novita Nutrition, LLC or its authorized agents** bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any or all of the following:

***Criminal Records-Civil Cases-Motor Vehicle Records-Military Service Verification-Credentials Verification-Education Verification-Employment Verification-Personal Identity Verification-Past Employment Verification-Reference Checks-Credit Report***

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **Novita Nutrition, LLC or its authorized agents**. I hereby release **Novita Nutrition, LLC and its authorized agents** and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. **I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.**

**Please provide all requested information below;**

Last three (3) address starting with the most current;

1) \_\_\_\_\_  
Street address and PO Box City State Zip Code

2) \_\_\_\_\_  
Street address and PO Box City State Zip Code

3) \_\_\_\_\_  
Street address and PO Box City State Zip Code

Social Security Number/Identification Number - \_\_\_\_\_

Current Driver’s License Number - \_\_\_\_\_ State/Province of Issue \_\_\_\_\_

If you have been licensed to drive in any other state in the past 10 years – list driver’s license numbers and state of issue;

\_\_\_\_\_

**APPLICANT SIGNATURE**

*I understand that I am authorizing Novita Nutrition, LLC and/or its authorized representatives to use the information provided in this application for employment for the purpose(s) described above, and in a manner in keeping with standard business policies. I further understand that, if hired by the company, Novita Nutrition will use the information provided for my employee file.*

Signature		Date	
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EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person’s race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental and/or intellectual disability, age, military status, veteran status, marital status, registered domestic partner or civil union status, familial status, gender, medical condition, genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

Please submit completed application via email to [Careers@NovitaNutrition.com](mailto:Careers@NovitaNutrition.com). Applicants may also submit resume and cover letter in addition to the completed Employment Application. Applications can also be mailed to:  
**Novita Nutrition**  
**Attn: Human Resources**  
**2301 Research Park Way**  
**Suite 226**  
**Brookings, SD 57006**

DRUG FREE WORKPLACE. As a condition of employment, all applicants and employees must abide by the terms of the Novita Drugs, Narcotics, and Alcohol Policy. Failure to comply with the terms of the policy may lead to discipline up to and including termination of employment.