

(PLEASE PRINT – USE PEN OR TYPEWRITER)

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER



3838 West Parkway Boulevard
West Valley City, UT 84120
Phone 801-954-7100
Fax 801-954-7754

Referred by: _____

USANA Employee

CONTACT INFORMATION

Date: _____

Position(s) Applied For _____

Name _____

(Last)

(First)

(Middle)

Present Street Address _____

City _____ State _____ Zip Code _____ Telephone () _____

BACKGROUND INFORMATION (MUST BE COMPLETED)

Have you been convicted of a felony in the last 10 years? Yes No

If yes, please explain: _____

Are you legally eligible for employment in the United States? Yes No

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Are you a USANA Distributor or a relative of a USANA Distributor? Yes No

Relationship to Distributor _____

Are you related to any USANA Employee? Yes No

Employee: _____ Relationship: _____

Have you been previously employed by USANA? Yes No

If Yes, Position: _____ Date(s) Employed _____

How did you hear about USANA?

Newspaper

Job Service

Referral

Internet

Site: _____

Other

Explain: _____

PREFERENCES

Shift

Day

Night

Morning

Afternoon

Type

Full-Time

Part-Time

Temporary/Seasonal

RECORD OF EDUCATION

	Name and Location of School Attended	Course of Study	Circle Year Completed	Did you Graduate?	Diploma/Degree
High School			Soph. Jr. Senior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other(Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

THIS APPLICATION IS GOOD FOR 90 DAYS ONLY

ADDITIONAL TRAINING OR EXPERIENCE

If you are an experienced operator of any business/plant machines or equipment, please list:

RECORD OF EMPLOYMENT

May we contact your current employer? Yes ___ No ___

Start with your present job. Include all periods of employment or unemployment. Complete any section not included on your resume.

1	EMPLOYER	EMPLOYMENT DATES		WORK PERFORMED	
	ADDRESS	START DATE	END DATE		
	JOB TITLE	SALARY			
	SUPERVISOR	PHONE #	START	END	
	REASON FOR LEAVING				
2	EMPLOYER	EMPLOYMENT DATES		WORK PERFORMED	
	ADDRESS	START DATE	END DATE		
	JOB TITLE	SALARY			
	SUPERVISOR	PHONE #	START	END	
	REASON FOR LEAVING				
3	EMPLOYER	EMPLOYMENT DATES		WORK PERFORMED	
	ADDRESS	START DATE	END DATE		
	JOB TITLE	SALARY			
	SUPERVISOR	PHONE #	START	END	
	REASON FOR LEAVING				

APPLICANT PLEASE NOTE:

1. It is agreed and understood that this application for employment in no way obligates USANA Health Sciences to employ me.
2. My employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either USANA Health Sciences or myself. USANA Health Sciences employees are not under contract of employment.
3. I agree, if hired, to furnish such additional information and complete such examinations as may be required to complete my employment file.
4. I authorized investigation of all statements contained in this application. I understand that misrepresentations or omission of facts called for is cause for not employing me or cause for my dismissal if I am employed.
5. I release from all liability and hold harmless USANA Health Sciences employees and all persons, companies, or corporations supplying requested information on my past employment and background.
6. I authorized USANA Health Sciences to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with USANA Health Sciences. I hereby release and hold USANA Health Sciences harmless from any claim for releasing any truthful information within its knowledge and/or records.
7. I understand that USANA Health Sciences may require drug testing and/or a medical examination before, and during employment. I agree to submit voluntarily to such testing and examinations if requested to do so.
8. I certify that the answers to the questions on this application are true and complete and that I have not knowingly withheld any information that would affect this application unfavorably. **Any material misrepresentation, falsification, or omission in any of this information or data may result in exclusion of the individual from further consideration for employment or, if the person has been hired, in termination.**

Date _____ Signature _____