



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

General Information

First	Middle Initial	Last	E-mail Address	Date
Address		City	State	Zip
Telephone				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you furnish proof you are a United States citizen or have a legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed by <input type="checkbox"/> or previously applied to <input type="checkbox"/> this company or any of its subsidiaries? If so, please check the appropriate box and specify the location(s) and date(s).				
Position(s) applied for		Hrs days/shifts unavailable to work:	Willing to work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to begin work
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, identify the functions that cannot be performed (The Hain Celestial Group complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants to perform the essential functions).		
How were you referred to this company?				

Education

Type	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma Received
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business-Trade-Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Information

Identify all licenses or certifications currently held:
Other special training, skills, abilities (languages, machine operation, etc.)

An Equal Opportunity Employer • A Drug-Free Work Place

Employment

(List present/most recent employer first and include military experience, if applicable)

1	Company Name		Address			
	Supervisor Name	Telephone	Date Started	Date Left	Starting Salary	Ending Salary
	Position Held		Description of Duties			
	Reason for Leaving					
2	Company Name		Address			
	Supervisor Name	Telephone	Date Started	Date Left	Starting Salary	Ending Salary
	Position Held		Description of Duties			
	Reason for Leaving					
3	Company Name		Address			
	Supervisor Name	Telephone	Date Started	Date Left	Starting Salary	Ending Salary
	Position Held		Description of Duties			
	Reason for Leaving					
<i>We may contact the employers listed above unless you indicate below those you do not wish us to contact:</i>						
Do Not Contact Employer No. (s) _____ (as listed in the left margin above)			Give Reason(s):			

Applicant Certification and Agreement: Please read carefully before signing

I certify that the information contained in this application is correct to the best of my knowledge. I understand and agree that falsification, omission, or misrepresentation of the information on this application will result in refusal of employment or discharge.

I understand that I will be required to undergo drug testing at no cost to me, after receiving a conditional offer of employment. The results of the test will be disclosed to Freebird by the examiner and will be treated in a confidential manner. If so required, employment is contingent upon successfully passing a drug test. If you decide to engage an investigative consumer-reporting agency to report on my credit history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and the substance of the information contained in the report. I authorize the persons, educational institutions, and employers listed above to give Freebird any and all-pertinent information. I agree to hold The Hain Celestial Group harmless from any liability, which might result from such disclosure.

I understand that completing this application form does not constitute a promise or guarantee of employment with Freebird. I understand that employment with Freebird is "at will," which means that either I or The Hain Celestial Group can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. No agreement for employment for any specified period of time nor any agreement contrary to any of the foregoing shall be enforceable without the express written approval of the President and Chief Executive Officer of Freebird.

I certify that I am not currently under any non-compete or non-hire agreement.

I understand that any offer of employment by Freebird is conditional upon my complying with the requirements of the Immigration Reform Act of 1986.

Applicant's Signature _____

Date _____



VOLUNTARY EMPLOYEE AFFIRMATIVE ACTION INFORMATION

Freebird is a government contractor subject to equal employment opportunity requirements of Executive Order 11246, Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended and Section 503 of the Rehabilitation Act of 1973, as amended. In an effort to implement our government affirmative action program record keeping and reporting requirements, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to discharge or discipline or any other negative personnel action. This form is not to be considered a part of your personnel file and is filed separately with the EEO records.

GENDER

Check One: Male Female I choose not to respond

ETHNICITY (Check One)

1. Are you Hispanic or Latino? **HISPANIC** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes No I choose not to respond

RACE (Check One)

To assist in appropriate identification, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging in accordance with definitions below.

2. If you answered **no** to Question #1, please check one of the following:

- WHITE** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK OR AFRICAN AMERICAN** – A person having origins in any of the Black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- TWO OR MORE RACES (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races. Please list the one race above with which you most strongly identify: _____
- I choose not to respond

DISABLED OR VETERAN STATUS

If you have a disability, are a disabled veteran, veteran of the Vietnam era, or any other eligible veteran, and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information will assist us in placing you in an appropriate position and in making accommodations for your disability. Information submitted will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed.

- DISABLED INDIVIDUAL** – A person having (1) a physical or mental impairment, which substantially limits one or more of such person's major life activities; (2) a record of such impairment; or (3) is regarded as having such an impairment.
- DISABLED VETERAN** A person entitled to compensation under laws administered by the Veterans Administration for a disability rating at 30% or more; or at 10-20% in case of a veteran determined by the Department of Veteran Affairs to have a serious disability; or a person whose discharge or release from active duty was for a service connected disability.
- VETERAN OF THE VIETNAM ERA** – A veteran, any part of whose active military, naval, or air service was during the Vietnam era (i.e. performed between August 5, 1964 and May 7, 1975) who (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a Dishonorable Discharge, or (2) was discharged or released from active duty for a service related disability.
- OTHER ELIGIBLE VETERAN** A veteran who has served on active duty during a war (veterans with active duty or service between December 7, 1941 and April 28, 1952) or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions meeting this criteria, please review the chart attached to this survey.

If you identified yourself as a protected Veteran and were discharged or released from active duty within the last year, please provide your discharge date (MM/DD/YYYY) _____.

I choose not to respond

Name (Please Print) _____ Signature _____ Date _____