



New York Mutual Trading

"Bringing the Flavors of Japan to the People of the World"

EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Applicants and employees are considered for positions and are evaluated without regard to mental or physical disability, race, color, religion, gender, sex, national origin, age, genetic information, military or veteran status, sexual orientation, marital status, or any other characteristic protected by applicable Federal, State/Province or Local Law. We comply with the American with Disabilities Act (ADA) and applicable State/Province or Local Law and consider reasonable accommodations that may be necessary for otherwise qualified applicants / employees to perform essential functions of the job.

PERSONAL (Please Print)

| | | | |
|--|---|---|--|
| Last Name First Name Middle | | | |
| Address (Number & Street, Apartment or Box No. City State/Province Country Postal Code) | | | |
| Gender: | Cell/Mobile Phone: | Date Available to Begin Working: | |
| E-mail Address | | | |
| Desired Type of Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No | Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been previously employed by MTC or any of its affiliate companies? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, list dates employed: From: To: | |
| Do you have any friends or relatives employed by this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, give name and title: | |
| Will you now, or in the future, require sponsorship for employment visa status (e.g., H-1B visa status)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date Available to Begin: _____ | |



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|---|
| <p>Work Schedule Availability</p> <p>How many hours per week are you available to work? _____</p> <p>Are you willing to work holidays and weekends?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a reliable method of transportation to and from work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Please select desired shift: |
| <input type="checkbox"/> 1 st Shift Warehouse: Monday through Friday 7:00AM – 4:00PM |
| <input type="checkbox"/> 1st Shift Other: Monday through Friday 8:00AM – 5:00PM |
| <input type="checkbox"/> 2nd Shift Warehouse: Sunday through Thursday 7:00PM – 4:00AM |
| |

EDUCATION

| | | | |
|--------------------------------|--|---------|--|
| High School: | Address: | | |
| From: To: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | |
| College: | Address: | | |
| From: To: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | |
| Other: | Address: | | |
| From: To: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | Degree: | |

REFERENCES

| | |
|---|--------------|
| <i>Please list three professional references.</i> | |
| Full Name: | Relationship |
| Company: | Phone () |
| Email: | |
| Full Name: | Relationship |
| Company: | Phone () |
| Email: | |
| Full Name: | Relationship |
| Company: | Phone () |
| Email: | |



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PRE-EMPLOYMENT STATEMENT

Please read carefully before signing.

I understand that the organization will rely, in part, on the information I provide in this Employment Application in considering whether to hire me. I understand that it is important that I provide complete and accurate information and certify that I have done so. If the organization discovers at any time that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, I understand that my application will no longer be considered or, if I am working for the organization, that I will be subject to disciplinary action, up to and including termination of employment, regardless of when discovered.

The organization is committed to compliance with the provisions of this nation's immigration laws regarding verification of employment eligibility. Any offer of employment will be contingent upon your ability to provide legally sufficient documentation establishing your identity and showing your eligibility to be employed by this organization.

I authorize, to the extent allowed by applicable laws, the Company to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure. I consent to being discussed by any person contacted by the organization. I agree to complete all forms necessary for the organization to conduct this background investigation.

I understand that this Employment Application is not an offer of employment. I understand that nothing contained in this Employment Application creates a contract between the organization and me for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the organization. I understand that only the CEO of New York Mutual, Inc., and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the CEO of New York Mutual, Inc., any such agreements must be in writing and signed by the that person and by me or my authorized representative. Employment is contingent base on Background and Drug Test.

I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or the organization can terminate my employment at any time for any or no reason.

If employed, I understand and agree that the organization retains the sole right in its business judgment to modify, suspend, interpret, or cancel, in whole or in part, at any time, with or without any notice, any published or unpublished policy, practice, procedure, process, or benefit.

If employed, I understand that as a condition of employment that I may be required to agree to and sign the organization's confidentiality, non-compete, and/or other similar agreements. I also agree to notify the organization during the pre-employment process of any confidentiality, non-compete, and/or other similar agreements that I may have already signed with current and/or former employers.

I have read and understand, and by my signature consent to these statements.

Signature of Applicant

Date

FOR MANAGEMENT USE ONLY

Do you wish to move forward with the onboarding process? Yes No

Department: _____ Position: _____

Wages (Includes Breakdown): Forklift Certification Allowance \$1.00 (Included in base rate)

Night Crew Allowance \$3.00 Freezer Team Member Allowance \$2.00 Packaging Certification Allowance \$1.00

Other _____ Total: \$ _____ Annually Hourly

Manager Print Name

Signature

Date