

Furmano Foods Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
 (Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

PERSONAL			
PLEASE PRINT USING BALLPOINT PEN			
FULL NAME	FIRST	MIDDLE	LAST
	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS	STREET		HOW LONG
	STATE	CITY	HOME TELEPHONE #
ZIP			
IF NO PHONE, HOW MAY WE CONTACT YOU?			
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NAME OF RELATIVE			
HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHERE?		APPROXIMATE DATE: MO/YR.	
HAVE YOU EVER APPLIED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHERE?		APPROXIMATE DATE: MO/YR.	
HOW WERE YOU REFERRED:			

GENERAL INFORMATION	
IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available and desire to work FULL-TIME and do not have restrictions on my hours and days

I am available and desire to work PART-TIME

A. I am only available for PART-TIME because:

Student

Other Job

Other (explain) _____

Please indicate your shift preference below (circle one)

1st Shift
(7:00AM-3:00PM)

2nd Shift
(3:00 PM- 11:00 PM)

3rd Shift
(11:00 PM - 7:00 AM)

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED

DATE AVAILABLE FOR WORK?

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT **1** AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE
		MO.	YR.		
NAME OF COMPANY					DESCRIBE YOUR JOB DUTIES
ADDRESS		FROM		ENDING SALARY	
		MO.	YR.		
CITY, STATE, ZIP					REASON FOR LEAVING (PLEASE EXPLAIN)
PHONE #	TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS					
NAME & TITLE OF IMMEDIATE SUPERVISOR					
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO.	YR.			
NAME OF COMPANY						DESCRIBE YOUR JOB DUTIES
ADDRESS		FROM		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.			
PHONE #		TYPE OF BUSINESS				REASON FOR LEAVING (PLEASE EXPLAIN)
EXPLAIN ANY PERIOD BETWEEN JOBS						
NAME & TITLE OF IMMEDIATE SUPERVISOR						
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO						

3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO.	YR.			
NAME OF COMPANY						DESCRIBE YOUR JOB DUTIES
ADDRESS		FROM		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.			
PHONE #		TYPE OF BUSINESS				REASON FOR LEAVING (PLEASE EXPLAIN)
EXPLAIN ANY PERIOD BETWEEN JOBS						
NAME & TITLE OF IMMEDIATE SUPERVISOR						
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO						

4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	
		MO.	YR.			
NAME OF COMPANY						DESCRIBE YOUR JOB DUTIES
ADDRESS		FROM		ENDING SALARY		
CITY, STATE, ZIP		MO.	YR.			
PHONE #		TYPE OF BUSINESS				REASON FOR LEAVING (PLEASE EXPLAIN)
EXPLAIN ANY PERIOD BETWEEN JOBS						
NAME & TITLE OF IMMEDIATE SUPERVISOR						
MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME - CITY - STATE	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO

If Yes, please explain _____

PERSONAL OR BUSINESS REFERENCES

1	NAME	OCCUPATION	BUSINESS	PHONE ()
HOME ADDRESS		HOME PHONE ()		TITLE
				RELATIONSHIP
CITY, STATE, ZIP		HOW LONG KNOWN		

2	NAME	OCCUPATION	BUSINESS	PHONE ()
HOME ADDRESS		HOME PHONE ()		TITLE
				RELATIONSHIP
CITY, STATE, ZIP		HOW LONG KNOWN		

3	NAME	OCCUPATION	BUSINESS	PHONE ()
HOME ADDRESS		HOME PHONE ()		TITLE
				RELATIONSHIP
CITY, STATE, ZIP		HOW LONG KNOWN		

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individual with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have maximum discretion permitted by law to administer, interpret, modify, discontinue, or change all policies, procedures, benefits or other terms or conditions of employment.

If selected for hiring, I also understand and agree to take a company pre-employment drug test before the first day of work or within the first 30 days of hire decision. I also understand that the company will terminate my employment or hiring process if I test positive for illegal drugs.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY _____

DATE _____