

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or any other prohibited basis of discrimination, as provided under applicable local, state and federal law". "Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.



AFFILIATED
FOODS MIDWEST

Application For Employment

Please Print

Position Applied For: _____

Date Of Application: _____

How did you learn about us?

Advertisement

Friend

Walk-in

Employment Agency

Relative

Other _____

Last Name	First Name	Middle Name	Social Security Number
-----------	------------	-------------	------------------------

Current Address	Number Street	City	State	Zip Code
-----------------	---------------	------	-------	----------

Telephone # () _____ Best time to reach: _____ Answering machine Y N

Mobile/Beeper/Other Phone # () _____ Best time to reach: _____

e-mail address _____ May we contact you at work? Y N

If Yes, work number and best time to call _____ a.m. or p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Y N

Have you ever filed an application with us before? Y N

If yes, give dates: _____ Position applied for: _____

Have you ever been employed with us before? Y N Give dates and position: _____

Are you legally eligible for employment in this country? Y N

Are you currently employed? Y N

May we contact your current employer? Y N

Date available for work: ___/___/___

Are you available to work: Full-time Part-time Shift Work Temporary

Are you available to work overtime if required? Y N

Comments: _____

Are you currently on "lay-off" status and subject to recall? Y N

Can you travel if job requires it? Y N

Driver's license number if driving is an essential job function: #: _____ State: _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM TO	
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY	
		STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		HOURLY RATE/SALARY	
		FINAL	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ PER	

COMMENTS (Including explanation of any gaps in employment) _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

Education

Please circle the highest grade you completed in school: 7 8 9 10 11 12 13 14 15 16+

SCHOOL NAME	CITY/STATE	NUMBER OF YEARS COMPLETED	DEGREE
High School			
College			
Other			
Other			

References

List name and telephone number of three references who are not related to you and are not previous employers. You may list co-workers, school or personal references who are not related to you.

NAME	RELATIONSHIP	TELEPHONE AND TIME TO REACH	# OF YEARS KNOWN

CERTIFICATION AND RELEASE: I certify that I have read and understood the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorized the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, school, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever to issuing this information. I authorize any and all employers, including my current employer, to release any information concerning my job performance and work record including attendance, disciplinary and performance records, to the company, and I hereby release any and all employers, including my current employer, from any liability for any damage whatsoever for releasing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand the company is not obligated to provide, nor am I obligated to accept employment. Nothing in this application, or in any prior or subsequent or oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment either express or implied. This application does not bind either party for a specific period of time regarding employment. If hired, nothing in this application shall restrict my right as an employee or the right of the company as an employer to terminate my employment at any time for any reason or no reason.

Applications will be considered active for a period not to exceed six months from date of application

Signed

Date