FOR PERSONNEL USE ONLY

EMP. #	
DEPT.	
DOH	

SAL.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF MEDICAL CONDITION OR HANDICAP.

ENTIRE APPLICATION MUST BE COMPLETED FOR CONSIDERATION

DATE OF APPLICATION:___

POSITION(S) APPLIED FOR REFERRAL SOURCE:			ELATIVE	EMPLOYN	MENT AGENCY	OTHER	
NAME:	LAST FIRST				MIDDLE		
NUMBER PHONE NUMBER: (SOCIAL S	CITY ECURITY N	UMBER	STATE	ZIP CODE	
HAVE YOU FILED AN API		BEFORE?	YES	🗋 NO	DATE_		
HAVE YOU EVER BEEN I	EMPLOYED HERE	E BEFORE?	🗋 YES	🗋 NO	DATE—		
ARE YOU A CITIZEN OF	THE UNITED STA	TES?		YES	🗋 NO		
ARE YOU LEGALLY ENT	TLED TO WORK	IN THE COUNTR	Y? 🗋	YES	D NO		
DO YOU HAVE A VALID D	RIVER LICENSE	?	TYES	🗋 NO			
ARE YOU AVAILABLE TO	WORK?	FULL TIME	🗅 PA	RT TIME	🗋 SHIFT	ΓWORK	
ARE YOU ON LAY-OFF O	R SUBJECT TO F	RECALL?	🗋 YES	🗋 NC	C		
ARE YOU 18 YEARS OF	AGE OR OVER?		🗋 YES	🗋 NC)		
DO ANY OF YOUR FRIEM	IDS OR RELATIVI	ES WORK HERE	? 🗋 YES	🗋 NC)		
IF YES LIST NAME(S):							
DURING THE PAST 5 YEARS, HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY OR NO CONTEST (NOLO CONTENDER) TO, A FELONY OFFENSE? DO VES							
IF YES, EXPLAIN:							
*(ANSWERING YES WILL WOULD APPRECIATE AN			FROM EMP	PLOYMENT	; HOWEVER, N	NE	
IN CASE OF AN EMERGE	ENCY NOTIFY:	RELAT	IONSHIP:) A CODE	
	AN EQUAL EMP	LOYMENT OPF	ORTUNIT	EMPLO	YER		

🗆 YES 🗖 NO

IF YES, WHAT WAS YOUR BRANCH OF U.S. MILITARY SERVICE?___

EMPLOYMENT LAST 10 YEARS (ENTER LAST JOB FIRST) ACCOUNT FOR ALL PERIODS OF UMEMPLOYMENT

NAME AND ADDRESS OF EMPLOYER	DA MO/YR	TE MO/YR	KIND OF WORK	MONTHLY SALARY	REASON FOR LEAVING

REFERENCES 3 REFERENCES NOT RELATED TO YOU

NAME

- 1. ____
- 2. —
- 3. _____

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	TECHNICAL SCHOOL
SCHOOL NAME				
HIGHEST YEARS COMPLETED: (CIRCLE)	4 5 6 7 8	9 10 11 12	1 2 3 4	
DIPOMA/DEGREE				
DESCRIBE COURSE OF STUDY:				

AGREEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ADDRESS

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULA-TIONS OF THE COMPANY.

I HEREBY AUTHORIZE MY PRIOR EMPLOYER(S), TO RELEASE ANY & ALL INFORMATION, RELATED TO MY EMPLOYMENT WITH THAT COMPANY TO AFFILIATED FOODS. I FURTHER RELEASE MY FORMER EMPLOYER(S) FROM ANY & ALL LIABILITIES THAT MAY RESULT FROM THE RELEASE AND/OR USE OF SUCH INFORMATION.

SIGNATURE OF APPLICANT___

DATE:

PHONE

DO NOT CALL AFI, IF THEY ARE INTERESTED IN YOU, THEY WILL CALL YOU.