

# APPLICATION FOR EMPLOYMENT

## An Equal Opportunity Employer

We consider all applicants for positions without regard to race, color, creed, religion, sex, ancestry, national origin, nationality, age, marital, familial, veteran status, sexual orientation or preference, or the presence of a non-job-related medical condition, handicap or disability, or any other legally protected status.

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**(PLEASE PRINT)**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street, City, State and Zip Code)

Telephone (Home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Professional License No.: \_\_\_\_\_

No. of years at above address: \_\_\_\_\_

Previous

Address: \_\_\_\_\_

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Position Desired \_\_\_\_\_ Full-Time / Part-Time / Other (circle one)

Date Available to Work \_\_\_\_\_ Specify days and hours you are available for work \_\_\_\_\_

Salary/Compensation Desired \_\_\_\_\_

Have you ever applied for a position with us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", when? \_\_\_\_\_

Have you ever been employed by us? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", when? \_\_\_\_\_

Do you have a relative working here? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes, state identity and relationship \_\_\_\_\_

Do you have any relative working for a competitor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on "lay off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 5 years (a conviction will not necessarily disqualify an applicant from employment)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Are you able to perform in a reasonable and safe manner each essential job function and requirement of the job for which you are applying. \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If no, state your age \_\_\_\_\_)

If employment is offered, can you submit two of the following: birth certificate, social security card, certificate of U.S. citizenship, a U.S. passport; a state issued driver's license, or other verification of your identity and authorization to work in the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT HISTORY**

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.

1. \_\_\_\_\_  
Employer \_\_\_\_\_ Employed \_\_\_\_\_ Starting Position \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ Mo./Yr. \_\_\_\_\_  
Address \_\_\_\_\_ Last Position \_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_ Mo./Yr. \_\_\_\_\_  
Telephone \_\_\_\_\_ Other Positions held \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
What did you like best about your job? \_\_\_\_\_

What did you like least about your job?

Reason for Leaving \_\_\_\_\_

2. \_\_\_\_\_  
Employer \_\_\_\_\_ Employed \_\_\_\_\_ Starting Position \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_ Mo./Yr. \_\_\_\_\_  
Address \_\_\_\_\_ Last Position \_\_\_\_\_  
\_\_\_\_\_ To \_\_\_\_\_ Mo./Yr. \_\_\_\_\_  
Telephone \_\_\_\_\_ Other Positions held \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Duties \_\_\_\_\_

What did you like best about your job? \_\_\_\_\_

What did you like least about your job?

Reason for Leaving \_\_\_\_\_

**EDUCATIONAL DATA**

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Yrs. Completed	Degree	Major Course of Study
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Trade, Bus., Night, or Corres.	_____	_____	_____	_____
Other	_____			

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**REFERENCES (NOT EMPLOYERS OR RELATIVES - AT LEAST THREE)**

<u>Name and Address</u>	<u>Occupation</u>	<u>Telephone</u>
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-		
-		
-		

**SPECIAL SKILLS AND QUALIFICATIONS**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, skills, abilities, articles/books published, activities, foreign languages, accomplishments, professional/trade/business/or civic activities and offices held, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, handicap, or disability or any relationship with any labor organization.)

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**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No      Your previous employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please identify any exceptions and reasons for not contacting \_\_\_\_\_

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2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes," identify name(s) and relevant dates

3. Have you ever been dismissed or asked to resign from any employment? \_\_\_\_\_ Yes \_\_\_\_\_ No If "yes," please explain: \_\_\_\_\_

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe any special job-related training received: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE  
SIGNING THIS APPLICATION

1. I authorize the Company to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the Company from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Company. \_\_\_\_\_  
initials

2. I also authorize the Company to secure criminal and financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the Company will provide me with a complete description of the nature and scope of the credit report investigation. \_\_\_\_\_  
initials

3. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the Company has not employed me and for immediate dismissal if the Company has employed me. I also authorize the Company to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the Company from any and all liability for its providing this information. \_\_\_\_\_  
initials

4. In the event of employment or an offer of employment, I authorize any physician or hospital to release any

5. I hereby agree to submit to any lawful drug, alcohol or other testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including discharge.

\_\_\_\_\_  
initials

6. I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_  
initials

7. I agree and understand that any offer of employment I may receive is contingent upon my successful completion of the Company's pre-employment, post-offer, screening process including any pre-employment, post-offer, physical examination that may be required.

\_\_\_\_\_  
initials

8. In the event of my employment with the Company, I will comply with all rules, regulations, and policies of the Company.

\_\_\_\_\_  
initials

9. I agree that if any claims arise against the Company, for any reason whatsoever, I will assert them against the Company within six (6) months or forever be barred from bringing them.

\_\_\_\_\_  
initials

10. **I understand that nothing in this employment application, the Company's policy statements, personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that the Company has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless it is made in writing and signed by the President. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason I think appropriate. I also understand that the Company retains the right to terminate my employment at any time for any reason that the Company believes is appropriate.**

\_\_\_\_\_  
initials

I hereby acknowledge that I have read, understand and agree to the preceding 10 statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

## DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Aldon Food Corporation d/b/a Don's Food Products, Don's Salads ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records (Department of Motor Vehicles reports); and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **AUTHORIZATION AND RELEASE FROM LIABILITY TO OBTAIN CONSUMER REPORT**



By signing below, I certify that I have received a written notification that it may obtain a consumer report or reports on me, and I authorize Aldon Food Corporation d/b/a Don's Food Products, Don's Salads ("Company") to obtain such a report or reports for use in connection with my application for employment, continuing employment, and for other employment-related reasons before, during and after my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, and Department of Motor Vehicle Reports. I hereby RELEASE Company from any and all liability arising from obtaining or using such reports or information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date