

Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH DATE OF THE DEFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIES FOR WILL BE TAKEN INTO ACCOUNT

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

Employment History

Provide the following information of your post four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE # (____) _____
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE # (____) _____
STARTING JOB TITLE / FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
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IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications

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

Educational Background (if job related)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Applicant Statement

I certify that information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (person and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking. Gathering and using information in the employment process and all other persons, corporations or organizations for furnishing such information about me

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the country and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ Date ____/____/____

Employment Background Authorization

By signing below, the undersigned hereby authorizes **Foster Caviness Foodservice (BIB)** to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to, criminal records, credit history, employment verification, social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY

(Name)

Last: _____ First: _____ Middle: _____

Please list all other names used:

Social Security Number: _____ - _____ - _____ Date of Birth _____ - _____ - _____

Gender: _____ Race _____

Driver License Number: _____ State Issued: _____ Expires: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____ City: _____

State: _____ Zip Code: _____ Years at Residence: _____

****List all other cities and states lived in within the last 7 years.

I state that the information above is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. This released any liability against the company or its acting agents. This authorization may be used in copy form.

Signed: _____ Date: _____

For Office Use Only (Client)

****Place a check next to the service(s) needed:

Criminal: _____ >Counties/State: _____

Credit Report _____

Driving Record _____

Educational Verification: _____

Employment Verification: _____

SSN trace: _____

Other: _____

Requester's Name:

Date:

Phone:

Fax:

POLICY ON PRE-EMPLOYMENT DRUG TESTING

All applicants for employment, including applicants for part-time and seasonal positions and applicants who are former employees, are subject to drug and alcohol testing.

An applicant must pass a drug test to be considered for employment.

An applicant will be notified of Foster-Caviness Foodservice's drug and alcohol testing policy prior to being tested; will be informed in writing of his or her right to refuse to undergo such testing; and will be informed that the consequence of refusal is termination of the pre-employment process.

An applicant will be provided written notice of this policy, and by signature will be required to acknowledge receipt and understanding of this policy.

If an applicant refuses to take a drug or alcohol test, or if evidence of the use of illegal drugs or alcohol by an applicant is discovered, either through testing or other means, the pre-employment process will be terminated.

Applicant Name

Date

Policy on Failure of Pre-Employment Drug Testing.

All applicants for employment, including applicants for part-time and seasonal positions and applicants who are former employees, are subject to drug and alcohol testing.

There may be situations where an applicant is granted employment before receiving the pre-employment drug testing result. This would only be due to extenuating business conditions.

If an applicant is granted employment prior to receiving the pre-employment drug testing results, the result must come back as a negative result.

If the pre-employment drug test result is positive, the employee's wages will be reduced to minimum wage and the employee will have the amount of the drug test payroll deducted from his paycheck. This positive drug test result will also result in termination of employment.

Applicant/Employee Acknowledgment

I acknowledge and agree to the terms and conditions outlined in this Policy on Failure of Pre-employment Drug Testing.

Signature

Date

FOSTER-CAVINESS FOODSERVICE

Foster-Caviness is an equal opportunity employer

EEO SELF-IDENTIFICATION FORM

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws executive orders, and regulations including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

SEX IDENTIFICATION: ___ MALE ___ FEMALE

MINORITY STATUS IDENTIFIATION: (Please check ONE box)

<input type="checkbox"/>	White (Not Hispanic or Latino)	<input type="checkbox"/>	American Indian or Alaskan Native (Not Hispanic or Latino)
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino)	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Two or more races (Not Hispanic or Latino)
<input type="checkbox"/>	Asian (Not Hispanic or Latino)	<input type="checkbox"/>	

PLEASE CHECK IF THE FOLLOWING CATEGORIES ARE APPLICABLE:

<input type="checkbox"/>	Disabled Individual: Any person who (1) has a physical or mental impairment that substantially limits one or more of his/her major life activities; (2) has a record of such impairment, or (3) is regarded as having such impairment. A disability is "substantially limiting: if it is likely to cause a difficulty in securing, retaining, or advancing in employment.
<input type="checkbox"/>	Vietnam Era Veteran Eligibility: Service in armed forces between August 5, 1964 and May 7, 1975, for more than 180 days of active duty.
<input type="checkbox"/>	Disabled Veteran Eligibility: A veteran with a disability, service connected or otherwise.

POSITION APPLIED FOR: _____

NAME: (print): _____

SIGNATURE: _____

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print name

Social Security number