



## Job Applicant Information Sheet

An Equal Opportunity Employer

Our employees' success is essential. When an individual fits a job and the job fits the individual, everybody wins. We have some questions about you and your work experience to help us decide together whether this position is a good fit.

To ensure accuracy, we may check your responses. Equal employment opportunities are offered to everyone regardless of race, color, religion, age, marital or veterans' status, sex, national origin, or the presence of a non-job related medical condition, handicap, or other legally protected status.

### Personal Information

Name:	Best phone number to reach you:
Address:	Emergency phone number:
(City)                      (State)                      (Zip)	Social Security Number:
<p>If at present address less than one year, please give previous address:</p> <p>Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, employment is subject to verification that you are the minimum age.</p> <p>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you produce documented proof of your eligibility for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No          (Either a driver's license and Social Security card/birth certificate, or, Immigration and Naturalization Service Documents)</p> <p>Position(s) applied for: _____ How soon could you report to work? _____</p> <p>Type of employment: ___ Full-Time ___ Part-Time ___ Temporary    Rate of pay expected: _____</p> <p>What days and hours are best for you? _____</p> <p>Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where? _____</p>	

### Education

Type of School	Name and Address of School	Courses/Major	Circle Last Year Completed				Graduate? Give Degree
Elementary			5	6	7	8	
High School			9	10	11	12	
College			1	2	3	4	
GED: When and where?							

## Employment History (Start with last job)

Company:		Address:	
Supervisor's Name:	Phone Number:	Your Title:	
Responsibilities:			
		Employed:	Salary:
		From:	Start:
		To:	Finish:

Please list your reasons for leaving this job:

May we contact this employer?  Yes  No

Company:		Address:	
Supervisor's Name:	Phone Number:	Your Title:	
Responsibilities:			
		Employed:	Salary:
		From:	Start:
		To:	Finish:

Please list your reasons for leaving this job:

May we contact this employer?  Yes  No

Company:		Address:	
Supervisor's Name:	Phone Number:	Your Title:	
Responsibilities:			
		Employed:	Salary:
		From:	Start:
		To:	Finish:

Please list your reasons for leaving this job:

May we contact this employer?  Yes  No

## Personal Information

1. Have you ever been convicted of a legal violation, except for minor traffic violations including deferred adjudications or probation?  Yes  No  
If yes, state date, court and place of offense; specify the offense:
2. Have you ever been discharged from or asked to leave a job?  Yes  No  
If yes, please explain:
3. Are there any week days/hours you cannot work?  Yes  No      If yes, please specify:
4. Have you previously applied to FoodPRO Corp?  Yes  No If yes, when:
5. Have you ever worked for FoodPRO Corp?  Yes  No      If yes, when:
6. Do you have friends/relatives who work at FoodPRO Corp?  Yes  No      If yes, who?
7. What attracts you to this job? Please circle all appropriate answers:  

need a job	hours fit my schedule
pay	secure company
benefits	type of work
location/close to home	similar to other jobs I've had
company size	works with my college class schedule
friends work here	fits with schedule of my other job(s)
8. Why is getting this job important to you?
9. How will you get to work each day?

**JOB APPLICANT’S AGREEMENT AND CERTIFICATION**

I certify that all the above information is a complete and accurate statement of the facts and understand that any misrepresentation or falsification will be grounds for dismissal. I authorize you to conduct any investigation necessary related to the position I am seeking. I release all parties from any liability in connection with the usage of such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If any employment relationship is established, I understand that I have the right to terminate my employment at any time and the company retains the same right.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies and procedures, in whole or in part, at any time.

I fully understand that my work schedule, in regard to the hours and days that I work, will be set by my supervisor; that I may be required to work irregular schedules as to days and hours of the week; and that I am subject to transfer between departments.

**Applicant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FORM – DRUG SCREENING**

I understand that FoodPRO Corporation requires pre-employment and random drug and alcohol screening as part of its Drug-Free Workplace Policy. Details of the policy are available in the Employee Handbook, or from the Human Resource Department.

I authorize the release of these test results to my employer, Medical Review Officer, and on post-accident tests, the Company’s workers’ compensation carrier, and I understand that refusal to release these results is grounds for disciplinary action up to and including termination.

I understand that if I test positive for drugs or alcohol following an on-the-job accident, I may be eligible for workers’ compensation benefits.

I recognize that the Company’s policy on drugs and alcohol does not constitute an expressed or implied contract of employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSENT FORM – BACKGROUND CHECK**

In an effort to maintain a safe and secure working environment for all employees, FoodPRO Corporation may want to ascertain the suitability of an individual for appointment to, or retention in, a specific position. I authorize FoodPRO Corporation to conduct or have conducted on its behalf, a comprehensive background check at any time to determine my suitability for initial employment or continued employment. These background checks do not constitute an expressed or implied contract of employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_