

EMP. # _____
DEPT. _____
DOH _____ SAL. _____

FOR PERSONNEL USE ONLY

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: ADVERTISEMENT FRIEND RELATIVE EMPLOYMENT AGENCY OTHER

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

PHONE NUMBER: () _____ SOCIAL SECURITY NUMBER _____
AREA CODE

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES NO DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO DATE _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

ARE YOU LEGALLY ENTITLED TO WORK IN THE COUNTRY? YES NO

DO YOU HAVE A VALID DRIVER LICENSE? YES NO

ARE YOU AVAILABLE TO WORK? FULL TIME PART TIME SHIFT WORK

ARE YOU ON LAY-OFF OR SUBJECT TO RECALL? YES NO

ARE YOU 18 YEARS OF AGE OR OVER? YES NO

DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? YES NO

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? NO YES

IF YES, EXPLAIN: _____

*(ANSWERING YES WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT; HOWEVER, WE WOULD APPRECIATE AN EXPLANATION.)

IN CASE OF AN EMERGENCY NOTIFY: _____ RELATIONSHIP: _____ PHONE: () _____
AREA CODE

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICES OR CURRENTLY IN THE NATIONAL GUARD OR RESERVES?

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	DATE		KIND OF WORK	MONTHLY SALARY	REASON FOR LEAVING
	MO/YR	MO/YR			

**REFERENCES
3 REFERENCES NOT RELATED TO YOU**

NAME	ADDRESS	PHONE
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	
DIPLOMA/DEGREE				
DESCRIBE COURSE OF STUDY:				

AGREEMENT

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

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