

FEHR FOODS, INC.

EMPLOYMENT APPLICATION

*An Equal Opportunity Employer
We require pre-employment drug screen*

SELECT SHIFT: 1ST (7:00AM-3:00PM) 2ND (3:00PM – 11:00PM) 3RD (11:00PM – 7:00AM)

POSITION: _____

REFERRED BY: _____

Instructions: Please read the instructions before completing the application. A resume may be attached, but you must complete all spaces on the application to be considered for employment. All information submitted is subject to verification. A false or misleading statement may result in your disqualification. You must be 18 years or older to apply. If you are in need of an accommodation to complete this application, please contact Human Resources.

PERSONAL DATA

NAME: _____ **SOCIAL SECURITY NUMBER**
Last *First* *Middle*

Current Address: _____
Number & Street *City* *State* *Zip*

List any other names used if different from name given on application: _____

Phone: *Home* _____ *Other* _____

EDUCATION AND TRAINING

Highest Grade Completed **High School Diploma or G.E.D.** **Yes** **No**

Type of School	Name & Location of School	Sem/Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major/Minor Field of Study
			Yes	No			
Colleges or Universities							
Technical Schools							

SPECIAL SKILLS/QUALIFICATIONS: List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant.

GENERAL INFORMATION

DRIVER'S LICENSE: State: _____ Number: _____ Expiration Date: _____

DISMISSALS AND/OR FORCED RESIGNATIONS: Have you ever been fired or forced to resign from any position?
(Check one) Yes No If answer is 'Yes,' please explain below (use back of form if necessary).

Have you ever been convicted of a **MISDEMEANOR** or **FELONY** and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage, as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job for which you apply will be taken into account. **HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION FOR ONE YEAR.**

(Check one) Yes No If Yes, please provide the following:

Date: _____ Charge: _____ City/State: _____

Disposition: _____

Date: _____ Charge: _____ City/State: _____

Disposition: _____

(If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.)

Have you ever been employed by Fehr Foods, Inc.? (Check One) Yes No If yes, please indicate:

Title of Position: _____ Department: _____

Dates of Employment: _____

Reason for Leaving: _____

Are you related to any person employed by Fehr Foods, Inc.? (Check One) Yes No If yes, please indicate:

Name: _____ Relationship: _____

Department: _____ Position: _____

EMPLOYMENT HISTORY

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included.**

Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: _____ Job Title: _____		
Supervisor: _____ Title: _____	Starting Salary	Final Salary
Reason for Leaving: _____		

Briefly Describe the Nature and Duties of Your Position

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Employer: _____	Start Date	End Date
Address/City/State: _____		
Phone: _____ Job Title: _____	Starting Salary	Final Salary
Supervisor: _____ Title: _____		
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position		

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Supervisor: _____ Title: _____		
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position		

Explanation of any periods of unemployment between jobs:

GENERAL INFORMATION

I, the undersigned, certify that I have *read* and *fully understand* this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from Fehr Foods, Inc. In submitting this application, I authorize Fehr Foods, Inc. to verify all data needed to support this application and to obtain references from my present and past employers. I further understand that this application becomes the property of Fehr Foods, Inc. and will not be returned.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I also understand that I will have the right to terminate my employment with Fehr Foods, Inc. at any time without notice and for any reason. I understand that Fehr Foods, Inc. has the same right. If required for the position, I also understand that as a condition of employment I will be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. An employment offer received from Fehr Foods, Inc. is contingent upon information received.

Signature of Applicant

Date Signed

WE THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH FEHR FOODS, INC.

AN EQUAL OPPORTUNITY EMPLOYER

CONFIDENTIAL

EMPLOYMENT APPLICATION SUPPLEMENT FORM

TO THE APPLICANT: The commitment of Fehr Foods, Inc. to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Human Resource Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will **NOT** be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment this information will not be used for any subsequent personnel decision.

PLEASE COMPLETE THE FOLLOWING:

1. Name: _____ 2. SSN: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Position for which you are an applicant: _____
5. Date of Birth: _____ 6. Sex: ___ Male ___ Female

7. Please indicate source from which you learned of this position. (Check One)

Newspaper _____ TWC _____ Other _____

Employment Agency _____ Referred by Current Employee/name _____

PLEASE CHECK THE PROPER RESPONSE (* Note below)

8. **Race:** Native American African American White Hispanic Asian American Other
9. **Americans With Disabilities Act status:** Disabled Non-Disabled

MILITARY SERVICE STATUS (Please check all that apply)

10. Veteran Non-Veteran Active Duty Reserves/Guard
11. Discharge Date: _____

*** NOTE:** For purposes of EEO statistical tabulation, the following categories are used:

NATIVE AMERICAN – Includes persons who identify themselves or are known as such by virtue of tribal association.
AFRICAN AMERICAN – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian.
WHITE - Includes persons of Indo-European descent, including Pakistani and East Indian persons.
HISPANIC - Includes persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.
ASIAN AMERICAN – Includes persons of Japanese, Chinese, Korean, or Filipino descent.
OTHER - Includes Eskimos, Malaysians, Thais, and others not covered above.

Signature of Applicant

Date Signed