

SAVONA-STAVOLA FOODSERVICE

Employment Application

PLEASE PRINT

PLEASE COMPLETE ALL 3 PAGES.

PERSONAL INFORMATION

DATE _____

Name _____ SSN _____
First Middle Last SOCIAL SECURITY NUMBER

Present address _____
Number Street City State Zip

Telephone () _____ Cell. _____ Date of Birth ____/____/____

Position applied for _____ Date you can start _____

Salary desired _____ How many hours can you work weekly? _____ Can you work evenings? _____

Employment desired ___ Full-Time ___ Part-Time ___ Full-Time or Part -Time

Are you employed now? _____ If so may we inquire of your present employer? _____

Ever applied to this company before? _____ Referred by _____

EDUCATION

	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were Committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PLEASE PRINT

Work
Experience

Please list your work experience for the past 5 years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer _____	Name of last supervisor _____
Address _____	Employment dates From _____ To _____
City, State, Zip Code _____	Pay or salary _____
Phone number _____	Your last job title _____
Reason for leaving (be specific)	

Name of employer _____	Name of last supervisor _____
Address _____	Employment dates From _____ To _____
City, State, Zip Code _____	Pay or Salary _____
Phone Number _____	Your last job title _____
Reason for leaving (be specific)	

Name of employer _____	Name of last supervisor _____
Address _____	Employment dates From _____ To _____
City, State, Zip Code _____	Pay or Salary _____
Phone number _____	Your last job title _____
Reason for leaving (be specific)	

Name of employer _____	Name of last supervisor _____
Address _____	Employment dates From _____ To _____
City, State, Zip Code _____	Pay or Salary _____
Phone number _____	Your last job title _____
Reason for leaving (be specific)	

PLEASE PRINT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

Class _____

Attach copy of your driver's license. (Drivers only)

What is your means of transportation to work? _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

In case of emergency notify _____

Name

Address

telephone no.

PLEASE READ CAREFULLY

I certify That all the information submitted by me on this application is true and complete, and I understand that if any false information, omission, or misrepresentations are discovered, my application may be rejected, if I am employed, my employment may be terminated at any time.

In consideration of employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's President or CEO, and then only when in writing and signed by the President or CEO, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in SAVONA-STAVOLA FOODSERVICE

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title 11, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____
_____ In accordance with Section 391.23, Federal Department of Transportation Regulations,
please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____
_____ In accordance with Section 391.25, Federal Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/ DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Signature)