



AMERICAN FOOD DISTRIBUTOR

APPLICATION FOR EMPLOYMENT

(727) 848-1010

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(You may be required to provide documentation.)

Yes No

Are you looking for full-time employment?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you willing to work swing shift?

Yes No

Are you willing to work graveyard?

Yes No

Have you ever been employed by us before? Date _____

Yes No

Have you ever filled out an application with us before?

Yes No

Have you ever been convicted of a felony?

Yes No

(This will not necessarily affect your application.)

If yes, please describe conditions. _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Are you willing to travel? Yes No

Date you can start _____

Desired position _____

Desired starting salary _____

Please list applicable skills _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there any other skills, qualifications, or experience that we should consider:

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study? _____

Employment History

(Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Benefits: **Bonus?** Yes No **401K?** Yes No

Profit Sharing? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Benefits: **Bonus?** Yes No **401K?** Yes No

Profit Sharing? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Benefits: **Bonus?** Yes No **401K?** Yes No

Profit Sharing? Yes No

Responsibilities _____

Reason for leaving _____

REFERENCES:

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

Name _____ Phone _____

Address _____ Years Known _____

EMERGENCY CONTACT:

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

SIGNATURE _____ **DATE** _____



AMERICAN
Food Distributors

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 Applicant's Name

Social Security Number