



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

NAME:

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Last First Middle

Present Address: \_\_\_\_\_ Street City State Zip Code

Permanent Address: \_\_\_\_\_ Street City State Zip Code

Telephone Number: \_\_\_\_\_ Referred by: \_\_\_\_\_

Have you ever been convicted of any crimes in the past, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? YES NO If yes, please describe: \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_ AM PM

POSITION:

EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you currently employed? YES NO If so, may we contact your present employer? YES NO

Have you ever applied to this company before? YES NO If so, when? \_\_\_\_\_ What position? \_\_\_\_\_

Are you available for: Full-time Part-time Will you work overtime if asked? YES NO

What shift are you available to work? 1st 2nd 3rd

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO Proof of citizenship or immigration status will be required upon employment.

DATE:

EDUCATION

Grammar School: \_\_\_\_\_ Years Attended: 1 2 3 4 Graduate: Y N Subject: \_\_\_\_\_

High School: \_\_\_\_\_ Years Attended: 1 2 3 4 Graduate: Y N Subject: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: 1 2 3 4 Graduate: Y N Major: \_\_\_\_\_

Trade, Business or Correspondence School: \_\_\_\_\_ Years Attended: 1 2 3 4 Graduate: Y N Major: \_\_\_\_\_

GENERAL INFORMATION

Subjects of special study/research, work or special training/skills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FORMER EMPLOYERS

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Rate: Start \_\_\_\_\_ End \_\_\_\_\_  
Job Title and duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Rate: Start \_\_\_\_\_ End \_\_\_\_\_  
Job Title and duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Rate: Start \_\_\_\_\_ End \_\_\_\_\_  
Job Title and duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Hourly Rate: Start \_\_\_\_\_ End \_\_\_\_\_  
Job Title and duties performed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## MILITARY

Did you serve in the U.S. Armed Forces? YES NO If yes, what Branch? \_\_\_\_\_  
Describe any training received relevant to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List below three persons NOT related to you whom you have known at least 1 year.

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

# AUTHORIZATION

## Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed with Scheid Produce, Inc. cause for immediate termination of my employment.

I authorize Scheid Produce, Inc. to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or personal interview. To assist in the process of my Application, I waive all rights and claims I may otherwise have against Scheid Produce, Inc. or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand that Scheid Produce, Inc. may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of Scheid Produce, Inc. has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

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## DO NOT WRITE BELOW THIS LINE

### REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEATNESS: \_\_\_\_\_

CHARACTER: \_\_\_\_\_

PERSONALITY: \_\_\_\_\_

ABILITY: \_\_\_\_\_

HIRED: \_\_\_\_\_

POSITION: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_  
General Manager

2. \_\_\_\_\_  
Vice President

3. \_\_\_\_\_  
Secretary Treasurer

4. \_\_\_\_\_  
Operations Manager

5. \_\_\_\_\_  
Sales Manager