



# FIELDSOURCE

## Food Systems, Inc.

### Application for Employment

**PLEASE TYPE OR PRINT**

**TODAY'S DATE:**

|   |  |  |              |
|---|--|--|--------------|
| Position Applying For:  | Name (First, Middle, Last,):                             | Other names under which you have attended school or been employed: |              |
| Street Address:   |  | City, State & Zip:   |              |
| Social Security Number:   | Home Phone:  | Work Phone:  | Other Phone: |
| Are you eligible to work in the United States?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hours Available (AM/PM):   |              |
| Are you 18 years of age or older?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If NO, what is your current age?                                   |              |
| Do you have your own reliable transportation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |              |
| Have you ever been employed by Fieldsource Food Systems?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, dates of employment & reason for leaving:                  |              |
| Are you related to any current Fieldsource Food Systems employee?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, their name & their relationship to you?                    |              |
| If required for position, do you have a valid driver's license?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, State of issuance, license #, and expiration date:         |              |
| Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? If yes, please give dates and details as applicable: |  |  |              |

**EDUCATION**

| Name of School   | City/State | Did you graduate?  | If No, # of years left to graduate | Degree received | Major |
|--|------------|--|------------------------------------|-----------------|-------|
| High School:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| GED:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| Other School:  |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| College:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| College:   |            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                 |       |
| Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying. |            |  |                                    |                 |       |

**WORK EXPERIENCE**

|               |                          |                     |
|---------------|--------------------------|---------------------|
| <u>FROM</u>   | Employer Name & Address: | Position:           |
| <u>TO</u>     | Supervisor Name:         | Employer Phone:     |
| <u>SALARY</u> | Duties:                  | Reason for Leaving: |

|               |                          |                     |
|---------------|--------------------------|---------------------|
| <u>FROM</u>   | Employer Name & Address: | Position:           |
| <u>TO</u>     | Supervisor Name:         | Employer Phone:     |
| <u>SALARY</u> | Duties:                  | Reason for Leaving: |

|               |                          |                     |
|---------------|--------------------------|---------------------|
| <u>FROM</u>   | Employer Name & Address: | Position:           |
| <u>TO</u>     | Supervisor Name:         | Employer Phone:     |
| <u>SALARY</u> | Duties:                  | Reason for Leaving: |

**REFERENCES:** List 3 people who know you well and are not former employees or relatives

| NAME : | ADDRESS: | PHONE : | YEARS KNOWN : |
|--------|----------|---------|---------------|
|        |          |         |               |
|        |          |         |               |
|        |          |         |               |

**PLEASE READ CAREFULLY AND SIGN:**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Fieldsource Food System, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I understand that staff employees of Fieldsource Food Systems, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_