

EASTLAND FOOD CORPORATION

8305 STAYTON DRIVE,
JESSUP, MARYLAND 20794
1-800-645-0769 / 410-381-0710 / Fax: 410-381-2079

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER In compliance with Federal and State Laws prohibiting employment discrimination solely based on an individual's race, color, creed, religion, sex, national origin, age, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

Type of position applied for _____ (FT) (PT) (TEMP) Date of application ___/___/___

PERSONAL INFORMATION

Name _____ Last First MI	Social Security No. ___/___/___
Address _____ Street City State Zip	
Telephone No. _____	Date of Birth ___/___/___ Proof of age? ___
Is the above address for the last three years? (Y)(N) If not, provide your last address and length of time there.	
Address _____ Street City State Zip Years There	
Emergency Notification _____ Name Address Telephone #	

Have you ever been convicted of a Felony or pleaded No Contest in a Felony, or been convicted of a misdemeanor resulting in imprisonment or a fine of over \$500 during the last ten (10) years? (Yes) (No). Date ___/___/___.

If not an U.S. Citizen, do you have the legal right to work in the United States? (Yes) (No) Status _____

Where you previously employed by Eastland Food Corporation? (Y) (N). Dates ___/___/___ to ___/___/___ Salary \$ _____

Presently Employed? (Y) (N) Where? _____ Position _____

How did you learn of Eastland Food? _____

Are you a Military Veteran? (Y) (N) Branch of Service _____ Dates ___ to ___ Discharge Status: (H) (G) (DH)

Pay Expected: \$ _____ Will you work overtime if requested? Yes No Starting Date: _____

EDUCATION

Circle highest grade completed: Primary: __, High School: 9 10 11 12, College: 1 2 3 4, AA ,BS/BA, M, _____

Last school attended _____ Date ____/____/____
Name City

Special Training or Skills for the position: _____

EMPLOYMENT HISTORY

All driver applicants that operate a commercial motor vehicle (CDL-Class "A" & "B") in intrastate and interstate commerce must provide the following information concerning their employment and employers for the preceding ten (10) years. List complete mailing address, phone number, street number, city, state and zip code. (NOTE: Reverse order from recent to last employer. Add sheet(s) as necessary.)

EMPLOYER

NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/ WAGE	
CONTACT PERSON PHONE NUMBER	REASON OF TERMINATION	

NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
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NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP	SALARY/ WAGE	

CONTACT PERSON	PHONE NUMBER	REASON OF TERMINATION
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PHYSICAL HISTORY

Is there any reason you might be unable to perform the functions of the position in which you have applied for as described in the attached job description? (Yes) (No)

If yes, explain any reasons if you wish. _____

Have you ever been injured on the job? (Yes) (No) If yes, provide the nature and degree of such injuries. _____

Have you received Workers' Compensation during the last ten- (10) years? (Yes) (No) If yes, state the nature and date of injury, recurring effects, and degree of disability. Applicants will be required to pass a job related physical exam.

How much time lost from work in the past three years for injury or illness? _____

REFERENCES

List Businesspersons known, but not related, to you for at least three (3) years.

	NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
1.	_____				
2.	_____				
3.	_____				

ACKNOWLEDGEMENT

I acknowledge and certify that this application was completed by me, and that all entries and information are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liabilities in responding to inquires in connection with my application.

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

I understand that as this organization deems necessary, I may be required to work hours outside a normally defined work-week. I understand and agree that I am employed as "At Will" and maybe terminated at any time without liability to me for any compensation or benefits from the company.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

QUALIFICATION FOR POSITION

Summarize your qualifications for the position(s) you are applying for. Provide accomplishments and other related information to demonstrate your potential for advancement in this company.

ADDITIONAL COMMENTS

Please remark the title area of your comments; i.e., Personal, Education, Experiences etc., etc.

SECTION:

COMMENTS: