



8305 STAYTON DRIVE, JESSUP, MARYLAND 20794
Phone: 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 \_\_\_\_\_ APPLIED DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Radio buttons for Full Time, Part Time, and Temporary.

PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_
LAST FIRST MID

Address \_\_\_\_\_
STREET CITY STATE ZIP

Telephone No. ( ) - Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Proof of age? \_\_\_\_\_

\* IF THE ABOVE ADDRESS IS NOT FOR THE LAST THREE YEARS, PLEASE PROVIDE YOUR LAST ADDRESS AND LENGTH OF TIME THERE. \*

Address \_\_\_\_\_
STREET CITY STATE ZIP YEARS THERE

Emergency Contact \_\_\_\_\_
NAME ADDRESS PHONE No.

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: \_\_\_\_\_

Were you previously employed by Eastland Food Corporation? (YES) (NO) DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Presently employed? (YES) (NO) WHERE \_\_\_\_\_ POSITION \_\_\_\_\_

How did you learn of Eastland Food? \_\_\_\_\_

Are you a Military Veteran? (YES) (NO) BRANCH OF SERVICE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DISCHARGE STATUS (H) (G) (DH)

Pay Expected: \$ \_\_\_\_\_ Will you work overtime if requested? (YES) (NO) STARTING DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EDUCATION

Highest Grade completed:  PRIMARY: \_\_\_\_\_  HIGH SCHOOL: \_\_\_\_\_  
 BACHELOR: \_\_\_\_\_  MASTER: \_\_\_\_\_

Last school attended \_\_\_\_\_  

NAME
CITY
DATE

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 proceeding 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				
CITY	STATE	ZIP	POSITION	
CONTACT PERSON	PHONE NO.	REASON OF TERMINATION		

NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP	POSITION	
CONTACT PERSON	PHONE NO.	REASON OF TERMINATION		

NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP	POSITION	
CONTACT PERSON	PHONE NO.	REASON OF TERMINATION		

NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS				
CITY	STATE	ZIP	POSITION	
CONTACT PERSON	PHONE NO.	REASON OF TERMINATION		

## 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 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 inquiries 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 any 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 fo. 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: