

EMPLOYMENT APPLICATION

"We are an equal opportunity employer"

(NOTE: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)

Date _____

A B C D Unit _____

Name _____
Last First Middle

Address _____ Phone () _____
Number Street City State Zip

Type of Position Desired Full Time _____ Part Time _____ Temporary _____

Please insert times on each day you would be available to work. Salary required? _____

Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

How soon would you be available for work? _____

Are you 16 or older? _____

Are you 18 or older? _____

U.S. ARMED FORCES HISTORY

U.S. Armed Forces Service Yes No Branch of Service _____ From _____ To _____

GENERAL INFORMATION

List Outside Interests _____

(Clubs, Organizations, Sports, Hobbies) Need not list any interests which would indicate your religious or ethnic background.)

Have you ever been convicted of a crime? Yes No If yes, give full particulars. _____

Answering this question "Yes" will not automatically disqualify you from consideration for employment.

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	CHECK LAST YEAR COMPLETED				GRADUATE?	
		5	6	7	8	Yes	No
Grade School							
High School		1	2	3	4	Yes	No
College		1	2	3	4		
Business or Trade School		1	2	3	4		
Special Training		1	2	3	4		

What type of business machines do you operate? _____

Have you ever been employed by this company before? _____ If yes, give dates employed. _____

Have you ever been discharged from any position? Yes No If Yes, Explain when and the reasons.

EMPLOYMENT EXPERIENCE / WORK HISTORY

Start with your present to your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

I authorize that all information may be checked from my present and past employers and release them and Shawano Foods L.L.C. from any claim in regard to their providing this information.

 Signature

 Date

Name of employer	Type of Business	Starting date	Date of leaving	Your title and duties
Address Phone No.	Supervisor / Title	Starting pay	Pay at leaving	Reason for leaving
City State Zip Code				
Name of employer	Type of Business	Starting date	Date of leaving	Your title and duties
Address Phone No.	Supervisor / Title	Starting pay	Pay at leaving	Reason for leaving
City State Zip Code				
Name of employer	Type of Business	Starting date	Date of leaving	Your title and duties
Address Phone No.	Supervisor / Title	Starting pay	Pay at leaving	Reason for leaving
City State Zip Code				

Is this a complete list of your employment? Yes No

We are an equal employment opportunity company. We are dedicated to a policy of no-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or disability.

BRIEFLY SET FORTH WHY YOU DESIRE EMPLOYMENT WITH OUR COMPANY: _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with the company's policy. I authorize the references listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I agree to undergo a character investigation. I understand that no representative of the company, except the president, has the authority to enter into any agreement for employment for any specified period of time, nor am I obligated to work for the company for any specified period of time. The president's agreement must be in writing.

SIGNED: _____

Date: _____