

Southern Foods

Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Southern Foods is an equal opportunity employer and adheres to all local, state, and federal laws prohibiting discrimination in employment whether on the basis of race, sex, religion, disability, national origin, age or any other protected class. Our company is committed to a drug-free and smoke-free workplace. By signing this application, you agree to submit to a pre-employment drug test prior to being considered for employment as outlined in our Drug Free Work Place Policies. All applicants must successfully pass the pre-employment drug test prior to being considered for employment. On-going random, post-accident, and reasonable suspicion drug testing is a requirement of all employees of the company in accordance with our Drug Free Work Place Policy.

Your application will be given every consideration, but its receipt does not imply that you will be contacted or employed.

Answer each section completely. Do not leave any blanks. If a section or question does not apply to you, answer with N/A. Incomplete applications will not be considered. Attachment of resumes or other documents does not substitute for a fully completed application. This application for employment will be considered active for a period of time not to exceed 60 days from the date of application. Any applicant wishing to be considered for employment beyond this time may have to reapply. Thank you for your consideration of employment with Southern Foods.

Position(s) Applied For _____ Date of Application _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email Address		

If you have resided at the above address less than three years, please provide previous address(es).

ADDRESS FOR PAST THREE YEARS	}	_____	_____	_____	_____	_____
		Street	City	State	Zip Code	How Long?
		_____	_____	_____	_____	_____
		Street	City	State	Zip Code	How Long?

Are you related to any employee that currently works for Southern Foods? Yes No

If yes, what is that employee's name: _____

Are you over the age of 18? Yes No

Can you provide proof of your eligibility to become lawfully employed in the United States either by way of Visa/Immigration Status or Citizenship? Yes No (Proof of citizenship or immigration status will be required upon employment)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Supervisor _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

On what date would you be available for work? _____

Are you available to work Full Time Part Time Days Nights Weekends

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain _____

Education History

HIGH SCHOOL

Name of School _____ City _____ State _____
Course/Major _____ Years Completed _____ Diploma/Degree _____ Date _____

COLLEGE

Name of School _____ City _____ State _____
Course/Major _____ Years Completed _____ Diploma/Degree _____ Date _____

OTHER (Specify)

Name of School _____ City _____ State _____
Course/Major _____ Years Completed _____ Diploma/Degree _____ Date _____

Indicate any foreign languages you can speak, read and/or write:

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

Additional Information

Other Qualifications

List professional, trade, business or civic activities and offices held:

(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills [Check Skills/Equipment Operated]

- | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|---------------|
| <input type="radio"/> PC | <input type="radio"/> MS Word | Production/Mobile Machinery (list): | Other (list): |
| <input type="radio"/> 10 Key | <input type="radio"/> MS Powerpoint | _____ | _____ |
| <input type="radio"/> Fax | <input type="radio"/> MS Publisher | _____ | _____ |
| <input type="radio"/> MS Excel | <input type="radio"/> MS Project | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Employment History

Please provide the following information on ALL EMPLOYERS that you have had FOR THE PAST 10 YEARS. List employers in reverse order, starting with the most recent. Use additional sheets if necessary. ***Applicants for commercial driving positions shall also provide an additional ten years information on those employers for whom the applicant operated a commercial motor vehicle whether in intrastate or interstate commerce. Please provide written explanation (utilizing additional paper if necessary) of any gaps in employment.**

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM	TO	MO.	YR.
ADDRESS	MO.	YR.	MO.	YR.
CITY	STATE	ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER		SALARY/WAGE	
			REASON FOR LEAVING	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

References

Name	Address	Telephone Number(s)
Name	Address	Telephone Number(s)
Name	Address	Telephone Number(s)

I certify that this application was completed by me and that entries on it and information in it are true and complete to the best of my knowledge. I further understand that the information provided herein may be used by Southern Foods to contact prior employers and investigate my background.

Applicant's Signature

Date

Southern Foods

Background Inquiry Release

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself, including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, education, work habits, performance and experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservations, any party or agency contracted by this employer to furnish the above-mentioned information.

I agree to indemnify and hold harmless Southern Foods, its employees, officers, directors, affiliates, sub contractors, and agents from any loss, expense, or damage, which may result directly or indirectly from information or reports furnished by or to Southern Foods.

I hereby consent to your obtaining the above information in connection with consideration of my application for employment as well as, if offered employment, as reasonably necessary throughout my employment. I understand to aid in the proper identification of my files or records the following information, as well as other information, is necessary.

Print Full Name _____

Social Security Number _____

Date of Birth _____ Sex _____

Driver's License Number _____ State _____

Current Address _____

City/State/Zip Code _____

Previous Employer _____

Phone _____

Position _____

Employed Dates: From _____ To _____

Applicant's Signature _____ Date _____

***Photographic identification must be submitted with this release in order to verify information.**

Complete this section only if you have a
Class "A" or "B" License and you are applying
for a commercial driving position.

1. LIST ALL LICENSES HELD IN LAST THREE YEARS

Driver Licenses	State	License No.	Endorsements	Type	Expiration

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit or privilege ever been suspended or revoked?..... Yes No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

Driving Experience

2.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (Total)
		From	To	
Straight Truck _____				
Tractor and Semi-Trailer _____				
Tractor - Two Trailers _____				
Other _____				

- A. List states operated in for last five years: _____

 B. Show special courses or training that will help you as a driver: _____
 C. Which safe driving awards do you hold and from whom? _____

3. **ACCIDENT RECORD FOR PAST 3 YEARS**

*List ALL accidents regardless of citation or charges and regardless of whether received in personal or commercial vehicle.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Straight Truck _____			
Tractor and Semi-Trailer _____			
Tractor - Two Trailers _____			
Other _____			

(USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).

4. **TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

*List ALL traffic convictions and forfeitures regardless of whether received in personal or commercial vehicle.

LOCATION	DATE	CHARGE	PENALTY

(USE ADDITIONAL PAPER IF MORE SPACE IS NEEDED).

5. **Experience and Qualifications - Other**

Show any trucking, transportation or other experience that may help in your work for this company:

 List courses and training other than shown elsewhere in this application:

 List special equipment or technical materials you can work with (other than those already listed):

I certify that this driver's application was completed by me and that entries on it and information in it are true and complete to the best of my knowledge. I further understand that the information provided herein may be used by Southern Foods to contact prior employers and investigate my background.

 Applicant's Signature

 Date