

**STURM FOODS  
APPLICATION FOR EMPLOYMENT**

**READ THESE INSTRUCTIONS CAREFULLY**

Please keep in mind, this application will become a part of your permanent file should you be employed. If necessary, you may use additional sheets of paper. Do not include any information regarding age, race, color, creed, sex or national origin.

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

It is the policy of Sturm Foods to seek and employ the best qualified personnel in all of its facilities and to provide equal opportunity for the advancement of employees, including upgrading, promotions and training; and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, age, sex, national origin, or physical or mental handicaps or on any other basis as prohibited by law.

<b>PERSONAL INFORMATION</b>	DATE OF APPLICATION _____	DATE AVAILABLE FOR WORK _____	SHIFT PREFERENCE _____
	POSITION APPLIED FOR _____	SOCIAL SECURITY NUMBER _____	
NAME _____	TELEPHONE NO. (INCLUDE AREA CODE) _____		
ADDRESS _____	CITY _____	STATE _____	ZIP _____
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT U.S. CITIZEN., ALIEN REG. NO. _____	
ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____		
U.S. MILITARY OR NAVAL SERVICE _____	RANK _____		

**EMPLOYMENT HISTORY**

INCLUDE RELATED MILITARY EXPERIENCE -START WITH MOST RECENT AND DO NOT OMIT ANY EMPLOYERS. EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY. USE ADDITIONAL SHEETS IF NECESSARY.

COMPANY _____	FROM: _____ TO: _____	JOB TITLE(S) _____
ADDRESS _____	WHAT DID YOU DO? _____	
CITY _____	PHONE _____	_____
SUPERVISOR _____	_____	
START SALARY _____	END SALARY _____	_____
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING: _____	

COMPANY _____	FROM: _____ TO: _____	JOB TITLE(S) _____
ADDRESS _____	WHAT DID YOU DO? _____	
CITY _____	PHONE _____	_____
SUPERVISOR _____	_____	
START SALARY _____	END SALARY _____	_____
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING: _____	

COMPANY _____	FROM: _____ TO: _____	JOB TITLE(S) _____
ADDRESS _____	WHAT DID YOU DO? _____	
CITY _____	PHONE _____	_____
SUPERVISOR _____	_____	
START SALARY _____	END SALARY _____	_____
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING: _____	

COMPANY _____	FROM: _____ TO: _____	JOB TITLE(S) _____
ADDRESS _____	WHAT DID YOU DO? _____	
CITY _____	PHONE _____	_____
SUPERVISOR _____	_____	
START SALARY _____	END SALARY _____	_____
MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING: _____	

**EDUCATION** (INCLUDE RELATED MILITARY TRAINING)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DIPLOMA/DEGREE RECEIVED
HIGH SCHOOL			
COLLEGE			
BUS. OR TECH			
OTHER TRAINING			

**WORK EXPERIENCE**

PLACE A CHECK MARK TO THE LEFT OF THE FOLLOWING IN WHICH YOU ARE EXPERIENCED

**OFFICE EXPERIENCE**

- CALCULATOR
- PERSONAL COMPUTER
- WORD PROCESSING
- SPREADSHEETS
- BOOKKEEPING
- SWITCHBOARD/RECEPTION
- PAYROLL
- PERSONNEL
- SHIPPING CLERK
- DATA ENTRY

- TYPING \_\_\_\_\_ WPM
- OTHER \_\_\_\_\_

**FACTORY EXPERIENCE**

- MACHINE OPERATOR
- MAINTENANCE
- ASSEMBLY
- INSPECTION/MICROMETERS
- READ PRINTS/SCHEMATICS
- LIFT TRUCK DRIVER
- HIGH LIFT DRIVER
- CDL LIST CLASS \_\_\_\_\_
- LOAD TRUCKS
- BAR CODING
- HVAC
- TOOL & DIE
- ELECTRICAL
- HYDRAULICS
- OTHER \_\_\_\_\_

HAVE YOU WORKED FOR STURM FOODS BEFORE?  YES  NO IF YES, WHEN? \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_  
 IF UNDER A DIFFERENT NAME, PLEASE PROVIDE \_\_\_\_\_

DO YOU HAVE TRANSPORTATION TO COME TO WORK?  YES  NO

**REFERENCES** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAE KNOWN FOR AT LEAST ONE YEAR.)

NAME	ADDRESS	COMPANY NAME/PERSONAL	PHONE NUMBER	YEARS ACQUAINTED
1.				
2.				
3.				

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ NAME ADDRESS PHONE NO.

**IMPORTANT**

Applications are normally kept in our active file for 6 months. You can reactivate your application at the end of each 6 month by notifying us to update your application via update form. This will keep your application active and will give you an opportunity to keep us informed of your current status, phone number and address.

**IDENTITY AND AUTHORIZATION STATEMENT**

I understand the U.S. Government requires all employers to verify identity and authorization for U.S. employment of all employees hired after November 6, 1986.

I understand that Sturm Foods must and will refuse employment if I fail to submit documents verifying such eligibility and identity, and that my employment will remain contingent upon my continuing authorization to perform the type of work assigned.

I agree to submit documents establishing my identity and authorization for the Company's inspection at the commencement of my first day of employment, if an offer of employment is received.

I am required to submit to a pre-employment examination in order for Sturm Foods Inc. to determine my physical ability to perform my job. My employment is contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment.

\* \* \* \* \*

I authorize investigation of all statements contained in this application and release all companies and individuals from liability for providing such information. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and I may be terminated at any time with or without cause.

Date \_\_\_\_\_ Signature \_\_\_\_\_