**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.

| **PERSONAL INFORMATION** | DATE OF APPLICATION | DATE AVAILABLE FOR WORK | SHIFT PREFERENCE |
|---|---|---|---|
| | POSITION APPLIED FOR | TELEPHONE NO. (INCLUDE AREA CODE) | |
| FIRST NAME MIDDLE INITIAL | LAST NAME | ARE YOU AT LEAST 18 YEARS OF AGE? ❑ YES ❑ NO | |
| ADDRESS | CITY STATE ZIP | SUMMER HELP **ONLY** ❑ YES ❑ NO | Would you consider a seasonal HELP **ONLY position?** ❑ YES ❑ NO |
| ARE YOU AUTHORIZED TO WORK IN THE U.S.? ❑ YES ❑ NO | U.S. MILITARY OR NAVAL SERVICE | RANK, PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES | |

## 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 ❑ YES ❑ 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 ❑ YES ❑ 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 ❑ YES ❑ 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 ❑ YES ❑ NO REASON FOR LEAVING:

## EDUCATION (INCLUDE RELATED MILITARY TRAINING)

| TYPE OF SCHOOL | NAME AND LOCATION OF SCHOOL | DID YOU GRADUATE? YES | NO | DIPLOMA/DEGREE RECEIVED |
|---|---|---|---|---|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| BUS. OR TECH | | | | |
| GED/HSED | | | | |

## 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 _____

ARE YOU ABLE TO COME TO WORK EVERYDAY? ❑ YES ❑ NO

## REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE 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 60 days. You can reactivate your application at the end of each 60 days 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 to work in the US for the Company's inspection at the commencement of my first day of employment, if an offer of employment is received.

I may be 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 _____

Do you have any convictions or violations (felony, misdemeanor or municipal ordinance
other than minor traffic violation) in the past 7 years? ( Do not list any convictions that have been expunged or sealed.)

❑ YES ❑ NO

If yes, please list.

_____

_____

_____

(No applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendré to) an offense or violation (whether criminal or otherwise), which Sturm Foods, Inc. determines is not substantially related to the circumstances of the job (s) sought.)

I attest the above is a true statement.

_____ _____

Signature Date