

GRAND PRAIRIE FOODS APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, handicap or veteran status.

PERSONAL INFORMATION

Date _____

Name _____

Present Address _____

Permanent Address (if different) _____

Phone No. _____
email _____

Referred By _____ Are you 18 years of age or older? Yes No

Do you have a valid Driver License? Yes No

Have you ever been convicted or sentenced for any violation of the law? Yes No
 If yes, give full particulars.

EMPLOYMENT DESIRED

Position Applying For _____ Date You Can Start _____

What shifts can you work? 1st 6:55 a.m.-3:30 p.m. 2nd 3:25 p.m.-11:30 p.m.

Attach resume or app

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Please list job related skills or experience _____

EMPLOYMENT HISTORY List below your last three employers, starting with the last one first.

Date of Employment	Name and Address of Employer	Salary	Position	Reason for leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Phone	Position	Years Acquainted

AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without case and without any previous notice. I understand that by submitting this application, I agree to submit to medical evaluations and/or medical examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment. If employed and you quit in less than 90 days, the pre-employment drug screening cost will be deducted from your last paycheck.

Signature _____ **Date** _____