

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Licenses/Certification

Professional Licenses, Certifications and Registrations: _____
 State: _____ ID Number: _____ Expiration Date: _____

Employment History

Please list your work experience beginning with most recent Employer. Resumes are welcomed. However, completion of the application is required. Incomplete applications cannot be considered.

May we contact your current employer? Yes No

Employer Name: _____	Name of Last Supervisor	Employment Dates		Pay or Salary
Address _____		From: _____	Start: _____	
City/State/Zip _____		To: _____	Final: _____	
Telephone: _____	Your Last Job Title: _____			

Reason for leaving (be specific): _____

 List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Name: _____	Name of Last Supervisor	Employment Dates	Pay or Salary
Address _____		From:	Start:
City/State/Zip _____		To:	Final:
Telephone: _____	Your Last Job Title: _____		

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Employer Name: _____	Name of Last Supervisor	Employment Dates	Pay or Salary
Address _____		From:	Start:
City/State/Zip _____		To:	Final:
Telephone: _____	Your Last Job Title: _____		

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Include explanations of any gaps in employment. _____

Volunteer Activities

(You need not list organizations whose name or nature indicates your race, sex, national origin, age or religion.)

<u>Organization</u>	<u>Position/Offices Held</u>	<u>Responsibilities/Services</u>	<u>No. of Yrs.</u>

Other Activities

List non-employment related activities: _____

Business References

(Please do not include relatives)

Name: _____ Address: _____

Work Telephone #: _____ Title: _____

Relationship: _____ Years Known: _____

Name: _____ Address: _____

Work Telephone #: _____ Title: _____

Relationship: _____ Years Known: _____

Languages

Indicate languages you speak, read, and/or write, indicating whether at a fluent, good or fair level: _____

Application Form Waiver

In exchange for the consideration of my job application by Foodlink, Inc., I agree that:

Neither the acceptance of this application or the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Foodlink or otherwise to change in an respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of Foodlink. Both the undersigned and Foodlink Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Foodlink may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Foodlink Inc. permission to contact schools, previous employers (*unless otherwise indicated), references, and others, and hereby release Foodlink Inc. from any liability as a result of such contract.

I also understand that (1) Foodlink Inc. has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that evidence of illegal/unauthorized drug use may disqualify me from consideration for employment. I further consent to the exchange of information regarding such tests by and between the testing laboratory and Foodlink management. I agree to disclose completely all information requested during such tests regarding my physical condition, medication and medical history. I understand that failure to cooperate with the Foodlink drug testing policy will disqualify me from consideration for employment. I hereby release and agree to hold harmless Foodlink, its officers, directors, employees and agents from any and all liability whatsoever with any drug testing and the use of the test results.

I understand that, in connection with the routine processing of your employment application, Foodlink may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, Foodlink will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I certify that all answers given by me are true, accurate and complete. I understand that falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination from employment, regardless of how or when discovered.

Signature of applicant: _____

Date: _____

Foodlink, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure that your opportunity for employment with this company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Driver applicants please proceed to next page...

Driver Application

TO BE READ AND SIGNED BY DRIVER APPLICANTS ONLY

This certifies that I completed this application, and that all entries and information are true and complete to the best of my knowledge.

I authorize Foodlink, Inc. to make such investigations and inquiries of my personal, employment, financial and medical history, and any other related matters, as may be necessary in arriving at an employment decision. I further authorize Foodlink, Inc permission to secure an Abstract of Driving Record (MVR) from the state issuing my CDL, or shall furnish it upon request. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given on this application, or interview (s), may result in immediate termination of employment. I understand also that I am required to abide by all rules, regulations and company policies of Foodlink, Inc and those regulations applying to my position governed by the Federal Motor Carrier's Safety Regulations.

Date: _____ **Applicant's Signature:** _____

All Driver-Applicants must provide the following information for the preceding 3 years driving experience.

Experience and Driver Qualifications

Compliance with the Federal Motor Carrier's Safety Regulations is mandatory for all driver –applicants

CDL ID No. _____ Class _____ Issuing State _____ Expires _____

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

Driving Experience:	Type	Approximate Miles
	Straight Truck	
	Tractor and Semi-Trailer	
	Tractor – Two Trailers	
	Steel or heavy equipment transportation	
	Use of Chains or Tie down straps	
	Other:	

Accident Record:	Date:	Nature of Accident:	Fatalities / Injuries:
Last Accident:	_____		
Next Previous:	_____		
Next Previous:	_____		

Traffic Convictions:	Date:	Location:	Violation:

Medical Qualification:

Do you have a current Medical Certificate? Yes No

- Expiration date of current Medical Certificate _____
- Have you participated in a Random Drug/Alcohol-Use Testing program in the past 12 months? Yes No