EMPLOYMENT APPLICATION

1. Employer Information

Employer: KALO FOODS, LLC Address: 119 Carlton Park Drive City/State/Zip: Stokesdale, NC 27357

Telephone: 336-949-4802

It is the policy of KALO FOODS, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.	Applicant Information			
Appl	licant Name:		_	
Addı				
City/	/State/Zip:			
Num	ber of years at this address:			
	time phone:			
	il Address:			
Socia	al Security Number:			
3.	Emergency Contact			
	should be contacted if you are involved	d in an emergency?		
Rela	tionship to you:			
Addı				
City/	/State/Zip:		_	
Dayt	time phone:	Evening phone:		
4.	Job Position Applied For:			
5.	Are you at least 18 years old?	Yes	No	
6.	Driver's License Number:			
0.	What state issued your license?			
7.	Are you willing to work any shift, in If no, please state any limitations:	ncluding nights and weekends	?Yes	_No
8.	If you are offered employment, when	n would you be available to b	egin work?	

9.	Are you legally eligible for employment	in the United States? Yes No
10.	Are you able to perform the essential fundor without reasonable accommodation?	
	What reasonable accommodation, if any,	would you require?
13.	Applicant's Skills	
are se	k those skills that you have. List any other eeking. Enter the number of years of exper sponds to your ability for each particular sk represents exceptional ability.)	ience, and circle the number which
		Ability or Skill Rating
-	Years of Experience	
[]	Word Processing
г	1	1 2 3 4 5
[]	Accounting/Bookkeeping 1 2 3 4 5
[1	Baking
L	1	1 2 3 4 5
[1	Kitchen Help
-		1 2 3 4 5
[]	Cook
		1 2 3 4 5

Driver

Sales

1 2 3 4 5 Warehousing

1 2 3 4 5

1 2 3 4 5 Graphic Arts 1 2 3 4 5

Computer Systems 1 2 3 4 5

Merchandising 1 2 3 4 5

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11. Applicant Employment History

List your current or most recent employment first.

Employer Name: Address: City/State/Zip: Job Duties: Reason for Leaving: ____ Dates of Employment (Month/Year): _____ Employer Name: Address: City/State/Zip: Job Duties: Reason for Leaving: Dates of Employment (Month/Year): Employer Name: Address: City/State/Zip: Job Duties: Reason for Leaving: Dates of Employment (Month/Year): 12. Applicant's Education and Training College Name and Address Did you receive a degree?_____ Yes No If yes, degree received: High School Name and Address Diploma? Yes No Last Grade? ____ 9 ____ 10 ____ 11 ____ 12 Other Training (graduate, technical, vocational, military): Awards, Honors, Special Achievements: Years Military Service; Branch; Type of Discharge

14. References

List any two people who would be willing to provide a reference for you.

Name:
Address:
City/State/Zip:
Telephone:
Relationship:

Name:
Address:
City/State/Zip:
Telephone:
Relationship:

15. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize KALO FOODS, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

1 2	understand that unless I am offered a specific
written contract of employment signed on b	ehalf of the organization by its
	, the employment relationship will be entirely
voluntary in nature. In other words, with a	11 1
complete discretion to end the employment	relationship when I choose and for reasons of
my choice. Similarly, my employer would	have the same right. Moreover, no agent,
1	DS, LLC, except in a specific written contract
of employment signed on behalf of the orga	nization by its
	, has the power to alter or vary the voluntary
nature of the employment relationship.	
I HAVE CAREFULLY READ THE ABOV	VE CERTIFICATION AND I
UNDERSTAND AND AGREE TO ITS TE	ERMS.
APPLICANT SIGNATURE	 DATE