

DEYULIO SAUSAGE COMPANY LLC
1501 State Street
Bridgeport, CT 06605
P (203)348-2727

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE		Today's Date: _____		
_____	_____	_____	_____	_____
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
_____	_____	_____	_____	_____
<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	
<i>Home Phone</i>	<i>Mobile Phone</i>	<i>Email Address</i>		
_____	_____	_____		
<i>Date of Birth</i>	<i>Marital Status</i>	<i>Social Security Number</i>		
_____	_____	_____		

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION			
Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
When are you able to start work?	Date: _____		
Position desired:	_____		
Have you filed an applied here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date: _____
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a Veteran of the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In case of an emergency who should be contacted?			
Name:	_____	Relationship:	_____
Phone Number:	_____		

DeYulio Sausage Company LLC is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, DeYulio Sausage Company LLC complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. DeYulio Sausage Company LLC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States?

Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age?

Yes No

If yes, can you furnish a work permit?

Yes No

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Do you have a driver's license? Yes No

State of Issue: _____

Type of driver's license: Operator (Class D)

Commercial Class: _____

Driver's License Number: _____

Expiration Date: _____

Have you had any accidents during the past 3 years? Yes No

If so, how many? _____

Have you had any moving violations during the last 3 years? Yes No

If so, how many? _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

COMPANY NAME			YOUR POSITION and TITLE		
STREET ADDRESS			SUPERVISOR'S NAME		
CITY	STATE	ZIP CODE	COMPANY PHONE NUMBER		
TYPE OF BUSINESS			EMPLOYMENT DATES FROM: _____ TO: _____		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		TERMINATION REASON	

COMPANY NAME			YOUR POSITION and TITLE		
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COMPANY NAME			YOUR POSITION and TITLE		
STREET ADDRESS			SUPERVISOR'S NAME		
CITY	STATE	ZIP CODE	COMPANY PHONE NUMBER		
TYPE OF BUSINESS			EMPLOYMENT DATES FROM: _____ TO: _____		
BRIEFLY DESCRIBE YOUR MAJOR DUTIES		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		TERMINATION REASON	

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

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

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form.

SIGNED: _____

DATE: _____