



Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone Number: (____) _____-____ Social Security Number _____ Referred by: _____

State Name and Department of any relatives other than your spouse, already employed by this company _____

Employment Desired:

Position: _____ Date you can start: _____ Salary Desired: _____

Are you currently employed _____ If yes may we inquire of your present employer _____

Have you ever applied to this company? _____ If Yes when _____

Have you ever worked for this company before? _____ If Yes when _____ Reason you left _____

EDUCATION	Name and location of School	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, Business or Correspondence School	_____ _____ _____ _____	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Subjects of Special Study or Research Work _____

What Foreign Languages Do You Speak Fluently? _____
Read _____ Write _____

Activities Other Than Religious (Civic, Athletic, etc) _____

21724 Broad Creek Avenue * Georgetown Delaware 19947

Phone: 302-855-1350 * Fax: 302-855-1356

THIS PRINTED DOCUMENT EXPIRES ONE YEAR FROM 1/8/2024

Eastern Shore Poultry is an equal opportunity employer dedicated to nondiscrimination in employment on any basis



Employee Application

Revision Date: 11/18/2011

ESP 102 Rev 1

Former Employers: List two (2) most recent employers starting with most recent.

Date: Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				

References: Two (2) persons not related to you, whom you have known at least one (1) year

	Name	Address	Business	Years Known
1				
2				

Physical Record: Do you have any Physical limitation that may limit your ability to perform the job for which you have applied.

Emergency Contact information:

Name _____ Address _____ Phone _____

After you complete the qualifications interview and an offer is made and accepted for employment, you will be required to complete a medical review with questions related to medical conditions and diseases.

1. Do you have any transmittable diseases that could contaminate raw product?
2. Have you ever been treated or are you currently being treated for any blood borne diseases?
3. Do you need any accommodations in order to perform the position you were offered?
4. If at any time after your employment starts, you contract a transmittable disease it is your responsibility to immediately report it to company management and to seek medical treatment.
5. Should you choose not to offer the above information you may withdraw your application for employment at any time.

Eastern Shore Poultry is a drug free environment. All employees are required to participate in the company substance abuse program as stated in the employee handbook. By signing this application, you authorize Eastern Shore Poultry or its agent to investigate all statements and claims made on this application, and that misleading, false, or omitted information is cause for dismissal. I understand that employment is for no definite period of time and may be terminated at any time without previous notice.

Date _____ Signature _____

_____ Do Not Write Below This Line Office Use Only! _____

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