

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer - All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION:

Incomplete information could disque	lify you from further considera	tion. Please compl	ete all fields before subm	nittal.
Name:		Date:		
Address:				
E-mail:				
Home Phone #	Mobile Phor	ne #		_
Are you eligible to work in the	U.S?YesNo			
Are you at least 18 years or ol	der? (If no, you may be requir	ed to provide auth	orization to work.)	YesNo
Have you ever been terminate	ed from employment or as	sked to resign b	y an employer?'	YesNo
If yes , please provide compan	y name and details			
Can you work any shift?Ye	esNo Can you wo	rk overtime, ind	cluding weekends? _	YesNo
EMPLOYMENT DESIRED:				
Date you can start	Hourly Rate/S	alary desired		
Position(s) desired				
Are you currently employed?	If so, may we inqui	re of your prese	nt employer?	
REFERRAL SOURCE:				
How did you hear about us? (0 Have you ever worked for this	•			
Do you know anyone who wo	ks for our company?	YesNo If y	es, who?	
EDUCATION	Name and location of school	l	Degree Received	1
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY: Please Include your last five to seven (5-7) years of employment history below

Name of Present o	r Last Employer		
Address			Phone Number
Your Job Title		Supervisor's Name	
FROM (date):	TO (date):	HOURS PER WEEK:	
			Your Name if Different During Employment
Duties and Responsibilities			
Reason(s) for Leaving:			
Name of Present o	r Last Employer		
Address			Phone Number
Your Job Title		Supervisor's Name	
FROM (date):	TO (date):	HOURS PER WEEK:	
			Your Name if Different During Employment
Duties and Responsibilities			
Reason(s) for Leaving:			
3 Name of Present o	r Last Employer		
Address			Phone Number
Your Job Title		Supervisor's Name	
FROM (date):	TO (date):	HOURS PER WEEK:	
			Your Name if Different During Employment
Duties and Responsibilities			
Reason(s) for Leaving:			
	ial skills, experience and?? If yes, please explain.	d/or training that would enhance	e your ability to perform the
Any Computer Skills?	(please describe):		
Foreign Language Skil	lls: (Please describe languag	ge and level of proficiency)	

REFERENCES: Provide the names of three	persons for whom you ha	lave known at least three (3) years.
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<u>Name</u>	Phone & Email	Company	Years Acquainted

Please read carefully before signing.

Fred's Foods, Inc. is an equal opportunity employer. Fred's Foods, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Fred's Foods Inc. to hire me. If I am hired, I understand that either Fred's Foods or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that a representative of Fred's Foods Inc. has the authority to run a criminal background check on my name if I am hired for any position within the company and that I have a right to request a copy of the background check report provided by the vendor.

I attest with my signature below that I have given to Fred's Foods Inc. true and complete information on this application. No requested information has been concealed. I authorize Fred's Foods Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

THIS APPLICATION IS VALID ONLY FOR NINETY (90) DAYS FROM THE DATE SIGNED/DATED ABOVE BY APPLICANT.

Date:	Signature:	