

EMPLOYMENT HISTORY

Your Application may not be considered unless every question is answered, please account for the last 5 years.

If there is a gap in your employment history, please use the next section to explain the gap.

Most Recent Employer	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
	Company Name		City	State	Phone Number
	Date Started	Date Ended	Supervisors Name	Pay Rate <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
	Last Title Held		Essential Duties		
	Reason for Leaving				
Previous Employment	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
	Company Name		City	State	Phone Number
	Date Started	Date Ended	Supervisors Name	Pay Rate <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
	Last Title Held		Essential Duties		
	Reason for Leaving				
Previous Employment	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> NO				
	Company Name		City	State	Phone Number
	Date Started	Date Ended	Supervisors Name	Pay Rate <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
	Last Title Held		Essential Duties		
	Reason for Leaving				

REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives.

	NAME	CITY/STATE	PHONE NUMBER	HOW KNOWN	YRS KNOWN
1					
2					
3					

CERTIFICATION:

I certify that the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application or discharge at any time during my employment. I also agree that, as company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment will be "at-will", and that either Prime Foods or I can choose to terminate the employment relationship for any reason, without notice.

AUTHORIZATION

I understand that background, drug, and medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, and medical practitioners, current and former employers, and law enforcement authorities to release any information concerning my background or test results and hereby release any of the above mentioned entities from any liability for any damage whatsoever for issuing this information.

PRINT NAME

LEGAL SIGNATURE

TODAYS DATE

AFFIRMATIVE ACTION QUESTIONNAIRE

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

NAME _____ DATE _____
 (LAST) (FIRST) (MIDDLE)

JOP/POSITION APPLIED FOR _____

What is your gender?

- Male
 Female

What is your race/ethnic origin?

- White: (not of hispanic origin)
 Black or African American: (Not of hispanic origin)
 Hispanic or Latino:
 Asian:
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaskan Native
 Two or more races

Do you have a mental or physical disability?

- Yes
 NO

Disability is defined as having a physical, sensory, or mental impairment (or condition) that materially (or significantly) limits one or more major life activities; having a record of such impairment; or having regarded as having such an impairment.

What is your Veteran/U.S. Military Status?

- Non-Veteran
 Pre-Vietnam Veteran
 Pre-Vietnam Veteran with service incurred disability
 Vietnam Veteran (8/5/64-5/7/75)
 Vietnam Era Veteran with service incurred disability
 Post Vietnam Veteran
 Post Vietnam Veteran with service connected disability

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE