

Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department.

Name _____ Applicant ID# _____
 Last First MI

Address _____
 Street City/State Zip Code APT #

Telephone () Cell () Email Address _____

Position(s) applied for _____ Date of Application ____/____/____.

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ AM/PM
 May we contact you at work? ____ Y or ____ N
 If yes, work number and best time to call:
 () _____ at _____ AM/PM
 Have you applied with us before? ____ Y or ____ N
 Are you lawfully authorized to work in the United States? ____ Y or ____ N
 Date available for work? ____/____/____.
 What is your desired gross yearly salary?

Type of employment desired
 ____ Full-Time ____ Part-Time
 ____ Temporary ____ Seasonal
 If they have been explained to you, are you able to meet the attendance requirements of the position?
 ____ N/A ____ Yes ____ No
 Will you work overtime if required? ____ Y or ____ N
 If **no**, please explain: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
 This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.
 ____ Yes ____ No ____ Need More Info

Driver's license number required if driving may be required in the job for which you are applying:
 _____ State _____
 Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ____ Y or ____ N
 If **yes**, please explain: _____

When answering these questions, please exclude any information that would reveal age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), sexual orientation, or other similarly protected status.

List special accomplishments, publications, awards, etc. _____

Is there any job-related information you want us to know about you? _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #		
Street Address	City/State	Zip Code	
Job Title	Date Employed	to	May we Contact?
Immediate Supervisor's Name and Phone Number	Why did you leave?		
Summarize the type of work performed and job responsibilities.			
What did you like most about your position?			
What were the things you liked least about the position?			

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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability:

If not addressed on previous page, have you ever been fired or asked to resign from a job? _____
If **yes**, please explain: _____

Skills and Qualifications

_____ Forklift

_____ CDL (Not Required)

_____ Sales Experience If so, where? _____

Summarize any other special training, skills, languages, licenses, and/or certificates that may assign you in performing the position for which you are applying: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	# of Years Completed	Major/Minor	Graduate?
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References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone
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Applicant Statement

I certify that all information I provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's General Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

Guderian Foods does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it be discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature _____ Date ____ / ____ / ____.