



APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Superior Foods Company ("The Company") is an equal opportunity employer. It is the policy of the Company to afford equal employment opportunity regardless of race, religion, color, nation origin, sex, age, marital status, height, weight, familial status, veteran status, or disability. Michigan Law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

FULL NAME: _____
(First) (Middle) (Last)

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES _____ NO _____

IF YES, FOR WHAT REASON: _____

LIST ANY MOVING VIOLATIONS DURING THE LAST 3 YEARS: _____

ARE YOU AT LEAST 18 YEARS OLD? YES _____ NO _____

OTHER NAME(S), IF ANY, UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL: _____

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NO.: _____ POSITION DESIRED: _____
(HOME) _____ YEARS OF RELATED EXPERIENCE: _____
(CELL) _____

EMPLOYMENT DESIRED: FULL TIME _____ PART TIME _____ OTHER _____
(EXPLAIN) _____

DATE AVAILABLE TO START: _____

ARE YOU WILLING TO WORK ANY SHIFT? YES _____ NO _____ (EXPLAIN) _____

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES _____ NO _____

2. ARE THERE ANY FELONY OR MISDEMANOR CHARGES PENDING AGAINST YOU? YES _____

IF YOU ANSWERED YES TO 1 OR 2 ABOVE, COMPLETE THE FOLLOWING: NO _____

DATE	OFFENSE	PLACE	DISPOSITION

U.S. MILITARY SERVICE

BRANCH OF SERVICE: _____

FROM: _____ TO: _____ RANK: _____ DISCHARGE: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? _____

IF SO, EXPLAIN: _____

IN CASE OF EMERGENCY, CONTACT (NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP TO YOU): _____

EDUCATION:

INSTITUTION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR FIELD	DEGREES AWARDED

WORK EXPERIENCE

PLEASE LIST ALL PREVIOUS EMPLOYMENT AND BEGIN BY LISTING YOUR LAST OR PRESENT EMPLOYMENT FIRST, ATTACHING A RESUME IS NOT SUFFICIENT

EMPLOYMENT DATES	COMPANY	POSITION	DUTIES	REASON FOR LEAVING	WAGE OR SALARY
FROM: TO:	NAME: ADDRESS:				
FROM: TO:	NAME: ADDRESS:				
FROM: TO:	NAME: ADDRESS:				

REFERENCES: PLEASE PROVIDE THE NAMES OF THREE (3) PEOPLE NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR MORE THAN ONE YEAR.

NAME	ADDRESS	TELEPHONE NO.

AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. *(Please initial)*_____

I request that previous employers contacted by Superior Foods Company in connection with this application fully respond to all inquiries concerning such previous employment and specifically waive prior written notice of disclosure of my personal record information disciplinary reports, letters of reprimand, or other disciplinary action. In consideration of the acceptance of my application, I release Superior Foods Company and previous employers of any claimed liability arising out of such response and disclosure. *(Please initial)* _____

If offered employment, I agree and consent to provide blood and urine specimens for alcohol and drug-screening analysis. I understand and agree that Superior Foods Company may require me to undergo a physical examination. I also consent to an investigation of my driving record. I understand that any offer of employment by Superior Foods Company will be contingent on the results of such investigation, alcohol and drug screening, and physical examination. *(Please initial)*_____

I understand that if hired, I will be an at-will employee and that my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either Superior Foods Company or myself. I further understand that no supervisor or representative of Superior Foods Company, other than the President, has any authority to enter into any agreement contrary to the foregoing and that such agreement must be in writing and signed by the President. In consideration of such employment, I agree to confirm to the rules and policies of the company. *(Please initial)*_____

Dated: _____, 2024

Applicant