

# Application For Employment Franklin Foods, Inc.

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

**(Please Print)**

Position(s) Applied for: \_\_\_\_\_

Date of application: \_\_\_\_\_

How Did You Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other: \_\_\_\_\_

Last Name

First Name

Middle Initial

**PLEASE FILL IN YOUR ACTUAL MAILING ADDRESS SO WE CAN CONTACT YOU BY MAIL!**

Address:

Number

Street

City

State

Zip Code

Telephone Number(s): \_\_\_\_\_

Social Security Number

Best Time to contact you at home is .....:\_\_\_\_\_ PM AM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... Yes No

Have you ever filled out an application with us before? ..... Yes No

If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? ..... Yes No

If yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... Yes No

Are you currently employed?..... Yes No

May we contact your current employer? ..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status. *Proof of citizenship or immigration status will be required upon employment* ..... Yes No

Date Available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary / hourly wage? \_\_\_\_\_

Are you available to work: Full Time (please indicate 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> shift)  
Part Time (Please indicate Mornings Afternoons Evenings)  
Temporary (Please indicate dates available: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status subject to recall? ..... Yes No

Can you travel if the job requires it? ..... Yes No

Have you been convicted of a felony within the last 5 years? ..... Yes No

**We are an Equal Opportunity Employer**

# Education:

Elementary School	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities:**

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**Describe any job related training received in the United States Military:**

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**List Professional, Trade, Business, or civic Activities and Offices held:**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# Employment Experience:

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

1.	Employer	Dates Employed		Work Performed (use lines below)
		From	To	
	Address			
	Telephone Number	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			

2.	Employer	Dates Employed		Work Performed (use lines below)
		From	To	
	Address			
	Telephone Number	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			

3.	Employer	Dates Employed		Work Performed (use lines below)
		From	To	
	Address			
	Telephone Number	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason For Leaving			

