Application for Employment
Email: employment@franklinfoods.com

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. We are an Equal Opportunity Employer

(Please Print)

<table>
<thead>
<tr>
<th>Position(s) Applied for:</th>
<th>Date of application:</th>
</tr>
</thead>
</table>

How Did You Learn About Us?
- [ ] Advertisement
- [ ] Relative
- [ ] Inquiry
- [ ] Employment Agency
- [ ] Friend
- [ ] Other: __________________________

Last Name | First Name | Middle Initial
-----------|------------|-----------------

Address: Number Street City State Zip Code

Telephone Number(s): Email Address:

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

If hired, would you be able to present evidence that you can legally work in the United States? ....... Yes No

Date Available for work: _____/_____/_______ What is your desired salary / hourly wage? _________________

Are you available to work: Full Time (please indicate 1st 2nd 3rd 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
## Education:

<table>
<thead>
<tr>
<th>Name and Address of School</th>
<th>Course of Study</th>
<th>Years Completed</th>
<th>Diploma or Degree</th>
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</thead>
<tbody>
<tr>
<td><strong>Elementary School</strong></td>
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<tr>
<td><strong>High School</strong></td>
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<td><strong>Undergraduate College</strong></td>
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<td><strong>Graduate Professional</strong></td>
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<tr>
<td><strong>Other (specify)</strong></td>
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Describe any specialized training, apprenticeship, skills and extra-curricular activities:

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

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:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
# 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:

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<th>Employer</th>
<th>Dates Employed</th>
<th>Work Performed (use lines below)</th>
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<td>From</td>
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Address

Telephone Number | Hourly Rate / Salary

Starting | Final

Job Title | Supervisor

Reason For Leaving

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Reason For Leaving
Additional Information:

References:

1. ____________________________  ( )
   (Name)  (Phone #)
   ____________________________  (Address)

2. ____________________________  ( )
   (Name)  (Phone #)
   ____________________________  (Address)

3. ____________________________  ( )
   (Name)  (Phone #)
   ____________________________  (Address)

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  ____YES  ____NO

Applicant’s Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

______________________________  _________________________
Signature of Applicant        Date