



QUALITY FOOD COMPANY

YOUR FULL LINE FOOD DISTRIBUTOR SINCE 1931

Date _____ Position Applied for _____

Employment is available equally to everyone. We do not discriminate due to race, color, religion, age, sex, marital status, national origin, or physical or mental disability.

APPLICANT DATA: (Please print clearly)

How were you referred to us? _____ Driver's License #/State _____

Full Name _____

Last

First

Middle

Street Address _____ City _____ St _____ Zip _____

Phone (____) _____ Cell (____) _____ E-Mail _____

Date Available to start _____ Social Security # _____ Salary Requirement _____

If you are under 18 we require a work permit. Can you furnish one? Yes No

If No, please explain _____

Have you ever worked for Quality Food Company before? Yes No If Yes, when? _____

Are you a citizen of the United States? Yes No If No, do you have work papers? Yes No

Type of employment desired Full-Time Part-Time Temporary Seasonal

If part-time, what days/time are you available? _____

Have you ever pled "Guilty" or "No Contest" to or been convicted of a crime? Yes No

If Yes, give dates and details _____

Answering these questions does not constitute an automatic rejection of employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be used in consideration.

EDUCATION:

High School _____ Address _____

of Years Completed _____ Did you Graduate? Yes No Degree _____

College/University _____ Address _____

of Years Completed _____ Did you Graduate? Yes No Degree _____

Major _____ GPA _____

Other School or Training _____ Address _____

of Years Completed _____ Did you Graduate? Yes No Degree _____

Major _____ GPA _____

REFERENCES

Please furnish the names, addresses, and telephone numbers of at least 2 people to whom you are NOT related (including Quality Food Employees)

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

PREVIOUS EMPLOYMENT (Begin with your most recent position):

Date of Employment From ___/___/___ TO ___/___/___ Position(s) Held _____
Company Name _____ Address _____
Phone (____) _____ Supervisor _____ Title _____
Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____

Date of Employment From ___/___/___ TO ___/___/___ Position(s) Held _____
Company Name _____ Address _____
Phone (____) _____ Supervisor _____ Title _____
Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____

Date of Employment From ___/___/___ TO ___/___/___ Position(s) Held _____
Company Name _____ Address _____
Phone (____) _____ Supervisor _____ Title _____
Responsibilities _____

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Company Name _____ Address _____
Phone (____) _____ Supervisor _____ Title _____
Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____

Account of ALL periods of unemployment since leaving school to the present time:

From ___/___/___ To ___/___/___ Reason _____
From ___/___/___ To ___/___/___ Reason _____
From ___/___/___ To ___/___/___ Reason _____
From ___/___/___ To ___/___/___ Reason _____

Emergency Contact Name _____ Phone (____) _____

I verify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matter as may be necessary for an employment decision. I hereby release employers, schools or persons from any liability to inquiries in connection with my application.
In the event I am employed, I understand that false or misleading information given on my application or interviews(s) may result in discharge.

Print Name

Signature

Date