

APPLYING FOR EMPLOYMENT

Completed employment application can be:

Mailed to: Katrina Dill
Food Supply Inc.
3100 S Ridgewood Ave., Unit 100
South Daytona, FL 32119

Delivered to: Food Supply Inc.
3100 S Ridgewood Ave., Unit 100
South Daytona, FL 32119

Scanned or E-Mailed to: kdill@foodsupply.com

Faxed to: 386.763.7516

Scroll down for application

FOOD SUPPLY INC.
3100 S Ridgewood Ave, Unit 100
South Daytona, FL 32119

EMPLOYMENT APPLICATION

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 legal protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name		
Address <i>Number</i>	Street	City	State	Zip Code
Home Phone	Cell Phone	Alternate		

Previous Address if Less Than 1 Year	Street	City	State	Zip Code
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Are you over 18 years of age: Yes No Wages or Salary Expected \$ _____ Per **Hr** **Week**

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you able to work Day Shift Night Shift Weekends Overtime if asked? Yes No

Are there any hours, shifts or days you will not work: Yes No If Yes, explain _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No

If Yes, explain if you wish? _____

Have you filled an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give dates: _____

Are you now employed? Yes No May we contact your present Employer? Yes No

Are you on a layoff? Yes No Are you subject to recall? Yes No

Please identify any exceptions and reasons for not contacting prior employers: _____

Do you have transportation to work? Yes No

Can you travel if a job requires it? Yes No

Are you a citizen of the United State? Yes No

If not, do you have work papers? Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code and each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade. Bus., Night, or Corres.				
Other				

Have you had prior educational experience which relates to the job for which you are applying? Yes No

If yes, describe _____

Honors Received: _____

Other Skill: List any other jobs-related skills or qualifications that support your application. _____

Driver's License # _____ State _____ Class _____

MILITARY SERVICE

Are you a veteran of the U.S Military Service? Yes No **If Yes, what branch of Service?** _____

If Yes, beginning date and ending date of active duty: From: _____ to _____
Yr. / Month Yr. / Month

Date of Discharge from Military Service: _____

If other than "Honorable", please explain _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year.

	NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:

Name _____	Phone Number _____	Relationship _____
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Address _____	City, State _____
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Employment Experience (begin with most recent position)

Dates of Employment	From ___/___/___ To ___/___/___	Position(s) Held: _____
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Employer _____ Address _____

Phone (____) _____ Supervisor _____ Title _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

Dates of Employment	From ___/___/___ To ___/___/___	Position(s) Held: _____
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Employer _____ Address _____

Phone (____) _____ Supervisor _____ Title _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

Dates of Employment	From ___/___/___ To ___/___/___	Position(s) Held: _____
---------------------	---------------------------------	-------------------------

Employer _____ Address _____

Phone (____) _____ Supervisor _____ Title _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for references? Yes No

TO BE COMPLETED BY DRIVER APPLICANTS ONLY

CDL License # _____ State _____ Class _____

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either 1 or 2 is yes, please explain: _____

Accident Record for the past 3 years (attach sheet if more space is needed) If none write "none"

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations) If none write "none"

Location	Date	Charge	Penalty

Previous employer reported DOT drug/alcohol violation(s)

Date of Violation	Violation

List States operated in for last five years _____

Show any special courses or training that will help you as a driver: _____

Show any trucking, transportation or other experience that may help in your work for this company: _____

DRUG-FREE WORKPLACE POLICY

Job Applicant Acknowledgement of Receipt and Understanding

This company is committed to maintaining a drug-free workplace. All candidates for employment must undergo pre-employment drug and/or alcohol testing. I understand that results of any such test will be disclosed only to the human resources department of this company and relevant management employees. I understand that if I refuse to undergo testing, provide false or tampered specimens or otherwise fail to complete the testing process, I will not be hired.

I understand that a full text of the Drug-Free Workplace policy is available upon request and may be viewed in the human resources department. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs and alcohol. I understand that submission to such testing is a condition of employment with the Company, and disciplinary action up to and including discharge may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, 3) I refuse to authorize release of the test results to the Company, 4) the test establish a **violation of the Company's Drug-Free Workplace policy**, 5) I otherwise violate the policy.

If I am injured in the course and scope of my employment and test positive, I forfeit my **eligibility for medical and indemnity benefits under Workers' Compensation Act** upon exhaustion of the remedies provided in Florida Statute §440.102(5).

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN THE COMPANY AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGEMENT AND KNOW THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Signature

Date

Witness

Date

NOTIFICATION, AUTHORIZATION, CONSENT TO RELEASE OF INFORMATION

Food Supply Inc. has retained USIS/DAC Services and Equifax to conduct background checks and prepare an investigative consumer report on you in connection with your application for employment. The Agency's address and telephone number are: Equifax Credit Information, P.O. Box 740241, Atlanta, GA 30374-2041, 1-800-685-1111 and / or USIS/DAC Services 4500 S 129th E. Ave, Ste 200, Tulsa, O K 74134-5885 1-800-331-1975

- In the course of its investigation of you, the Agency may request and receive reports and/or information concerning you from, but not limited to, companies, former employers, licensing agencies, governmental agencies, credit agencies, educational institutions, military branch services, consumer reporting agencies, as well as criminal and driving records.
- I further understand that an investigative consumer report concerning me may include information about my character, general reputation, and personal characteristics.
- You have the right to dispute incomplete or inaccurate information or contents of the investigative consumer report directly with the Agency that prepared the report. To do so, you must notify the Agency.
- You also have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency. In many cases, the disclosure will be free. To receive a copy of your consumer report from the consumer-reporting agency whose name(s) are listed above, a request may be made orally or in writing.
- By signing below, you request and authorize all persons who have information relevant to this investigation to disclose such information, as may be requested. If hired or contracted, this authorization shall remain on file and shall serve as an ongoing authorization at any time during my employment or contract period.

- ***Must indicate name EXACTLY as it appears on your Driver's license***

CLEARLY Print: (Full Name)

First Middle Last

List any other name(s) used (including maiden name):

_____-_____-_____
Social Security Number Driver's License # State Date of birth / /

Telephone Number: (____) _____ - _____

Current Address: _____
Number Street Apt. # City State Zip Code

Other Cities/States of residence in last seven years:

_____/_____
City / State Dates From/To City State Dates From/To

I have 1) read this Notification, Authorization, Consent to Release of Information; 2) fully understand the terms of this release; and 3) authorize procurement of the consumer investigative report.

Applicant's Signature

Date