

Position: _____

APPLICATION FOR EMPLOYMENT

HALSEY FOODSERVICE
P.O. BOX 6485
Huntsville, AL 35824-0485

Halsey Foodservice provides equal employment opportunity to qualified individuals without regard to race, color, religion, sex, (including pregnancy, childbirth and related medical conditions), national origin, age, (40 and over), citizenship, physical or mental disability, or status as a disabled veteran of the Vietnam era.

(Please Print Plainly)

Application Date: _____

PERSONAL DATA

Name: _____
Last First Middle Initial

Social Security Number: _____

Present Address: _____
Street Number Street Name
City State Zip

Phone Number Where You Can Be Reached

Person To Be Notified In Case of Accident or Emergency:

Name _____ Phone No. _____

Address _____

Job(s) applied for : (1) _____
Rate of pay expected \$ _____ per _____

(2) _____
Rate of pay expected \$ _____ per _____

How were you referred to us? _____

Have you worked for us before? _____ If yes, When? _____

List any friends or relatives working for us: _____

If hired, when would you be available to start work? _____
(Date)

Do you have any work experience, skills, or qualifications that you feel especially qualify you for the job you are applying for? _____

Have you ever been convicted (including a guilty plea) of a crime, excluding misdemeanors? (a "yes" answer will not automatically disqualify you from being considered for employment with the Company) Yes ☐ No ☐

If "yes" give the date, place and describe the offense: _____

Are you legally authorized to work in the United States? Yes ☐ No ☐

Are you over the age of 18? Yes ☐ No ☐

EDUCATIONAL BACKGROUND

<u>Type of School</u>	<u>Name and Address</u>	<u>Years Attended</u>	<u>Graduated</u>	<u>Course/Major</u>
<u>High School</u>	_____	_____	_____	_____
<u>College</u>	_____	_____	_____	_____
<u>Post Graduate</u>	_____	_____	_____	_____
<u>Business/Trade</u>	_____	_____	_____	_____
<u>Other</u>	_____	_____	_____	_____

MILITARY SERVICE RECORD

Did you serve in the armed forces? Yes ☐ No ☐

If yes, What branch? _____

Dates of active duty: From _____ To _____

Rank at discharge: _____

What were your duties in the Service (including special training and duty stations)?

PERSONAL REFERENCES

(Excluding Former Employers or Relatives)

Name	Address	Phone Number
1.		
2.		
3.		

PRIOR WORK HISTORY (List in Order, Most Recent Employer First)

Dates:	From / To	Rate of pay:	Start	Finish

Employer name, complete address, & phone number:

Supervisor's Name & Title:

Reason For Leaving:

Describe in detail the work you did:

May we contact? Yes ☐ No ☐

Dates:	From / To	Rate of pay:	Start	Finish

Employer name, complete address, & phone number:

Supervisor's Name & Title:

Reason For Leaving:

Describe in detail the work you did:

May we contact? Yes ☐ No ☐

Dates:	From / To	Rate of pay:	Start	Finish

Employer name, complete address, & phone number:

Supervisor's Name & Title:

Reason For Leaving:

Describe in detail the work you did:

May we contact? Yes ☐ No ☐

NOTICE TO DISABLED INDIVIDUALS, DISABLED VETERANS AND VETERANS OF THE VIETNAM-ERA

Our Company is committed to equal employment opportunity as set forth in our Equal Employment Opportunity Policy. This Company is a U.S. Government contractor subject to S503 of the Rehabilitation Act of 1973 and S402 of the Vietnam Era Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals, disabled veterans and veterans of the Vietnam Era.

If you are a disabled individual or a disabled veteran as defined below and would like to be considered under our Affirmative Action Program, please let us know (see attached form). Submission of this information is voluntary and refusal to provide the information will not subject you to any adverse employment action. The information we obtain will be kept confidential except that (I) supervisors and managers may be informed regarding and restrictions on your work duties or any accommodations undertaken to enable you to perform the job, (II) U.S. Government officials investigating compliance with the Rehabilitation Act and the Vietnam Era Readjustment Assistance Act will provide the information upon request.

If you are a qualified disabled individual or disabled veteran, we would like to include you under our Affirmative Action Program. It would assist us if you would let us know about (I) any special methods, skills, and procedures that might qualify you for jobs that you might not otherwise be able to perform because of your disability so that you can be considered for these jobs, (II) the accommodations that the Company could make to enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties related to the job, or other accommodations.

Under our AAP "disabled individuals," "qualified disabled individuals" and "disabled veterans" are defined as follows:

"Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment. For purposes of our AAP, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of disability.

"Qualified disabled individual" means a disabled individual as defined above who is capable of performing a particular job, with reasonable accommodation to his or her handicap.

"Disabled veteran" means a person entitled to compensation under the laws administered by the Veteran's Administration for a disability rated at 3.0 percent or more, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Inspection of Our AAP for Disabled Individuals, Disabled Veterans, and Veterans of the Vietnam Era.

Our AAP for qualified individuals, disabled veterans of the Vietnam era is available for inspection by all employees or applicants from 9:00 AM to 5:00 PM at the Office of our EEO Coordinator.

Signature of Applicant _____

PLEASE READ CAREFULLY

APPLICANT'S AGREEMENT

I promise that the information I gave in this Employment Application is true and complete. I understand that the company may refuse to hire me, or if I am hired, the Company may discharge me if I gave false or incomplete information in this application.

Unless I checked "No" to indicate that I do not want the Company to contact a former employer to obtain an employment reference and gave the reason for that choice, I authorize each person, school and former employer identified in the Employment Application to provide the Company with any information that the Company may request and I release each such person, school, or employer from any liability or damage in any way to the furnishing of such information to the Company

I understand that, if I am hired by the Company, the Company may terminate my employment at any time for any reason the Company deems sufficient. I understand that, except by written agreement signed by the President of the Company, no manager, supervisor, employees or other Company representation has any authority (I) to promise employment for a particular length of time, or (II) to make any other promises or other representations about my continued employment with the Company.

Signature of Applicant _____

Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date _____

Hired: Yes ☐ No ☐

Position _____ Dept. _____

Salary/Wage _____ Start Date _____

Approved By:
1.
2.
3.

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To: All Employees and Applicants for Employment

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If you are a disabled individual or a disabled veterans as defined below would like to be considered under our Affirmative Action Program, please tell us. Submission of this information is voluntary and refusal to provide the information will not subject you to any adverse employment action. The information we obtain will be kept confidential except that (i) supervisors and managers may be informed regarding restrictions on your work or duties, and regarding any necessary accommodations,, (ii) first aid and safety personnel may be informed, if a condition might require emergency treatment, and (iii) U. S. Government officials investigating compliance with the Rehabilitation Act and the Vietnam Era Readjustment Assistance Act will be provided the information.

If you are a qualified disabled individual or disabled veteran, we would like to include you under our Affirmative Action Program. It would assist us if you would tell us about (i) any special methods, skills and procedures that might qualify you for jobs that you might not otherwise be able to perform because of your disability so that you can be considered for these jobs, and (ii) the accommodations that the Company could make to enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain non-essential duties related to the job, or other accommodations.

Under our AAP "disabled individuals," "qualified disabled individuals" and "disabled veterans" are defined as follows:

"Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. For purposes of our AAP, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining or advancing in employment because of a disability.

"Qualified disabled individual" means a disabled individual as defined above who is capable of performing a particular job, with reasonable accommodation to his or her handicapped.

"Disabled veteran" means a person entitled to compensation under laws administered by the Veteran's Administration for a disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Inspection of Our AAP for Disabled Individuals, Disabled Veterans and Veterans of the Vietnam Era.

Our AAP for qualified disabled individuals, disabled veterans and veterans of the Vietnam era is available for inspection by all employees or applicants from 9:00 AM to 5:00 PM at the office of our EEO Officer.

VOLUNTARY DISCLOSURE FORM

The Company is required by federal law to take affirmative action in its employment policies. To comply with federal affirmative action laws, the Company must maintain accurate records of the race, sex, disability, and veteran status of applicants and employees. We request that you complete this form and return it to Human Resources to assist the Company in its record-keeping obligations. Please be assured that your voluntary disclosure and any information provided is submitted:

- a. on a voluntary basis;
- b. on a confidential basis consistent with U. S. Government regulations;
- c. for use only in accordance with Executive Order 11246, as amended, the Rehabilitation Act of 1973, and/or the Vietnam Era Veterans Readjustment Assistance Act of 1974, and the regulations issued thereunder; and
- d. without subjecting you to any form of adverse treatment.

Check applicable box(es) and complete information requested.

1. Please check one box below to disclose the race/ethnic origin with which you **primarily** identify yourself:
 - ☐ Caucasian / White
 - ☐ African-American / Black / Negro
 - ☐ Hispanic / Latino (Spanish/Portuguese/Central or South American/Mexican/Puerto Rican/Cuban)
 - ☐ Asian (including Pacific Islander)
 - ☐ Native American / American Indian (including Aleutian Islander, Native Hawai'ian)
 - ☐ Other (_____)
2. Are you:
 - (a) a disabled individual? Yes ☐ No ☐ If yes, what is the nature of your disability?

 - (b) a disabled veteran? Yes ☐ No ☐ If yes, are you entitled to disability compensation under laws administrated by the Veterans Administration for a disability rated at 30% or more? Yes ☐ No ☐ Were you discharged or released from active duty for a disability incurred or aggravated in the line of duty (a "service-connected disability")? Yes ☐ No ☐
 - (c) A Vietnam Era Veteran? Yes ☐ No ☐ If yes, during what time period were you on active duty? From _____ to _____
Were you discharged or released because of a service-connected disability? Yes ☐ No ☐
When were you discharged or released from the armed services? _____
3. If you identified yourself as a disabled individual and/or a disabled veteran above, please advise us of any information you have which might aid in proper placement or appropriate accommodation to your disability (attach separate sheets).

Employee Name (please print)

Employee Signature

Date

Job Title

Department

Badge Number