



Fischer Foods of New York, Inc.

"Your recipe for success"

EMPLOYMENT APPLICATION

Fischer Foods of New York, Inc. is an affirmative action/equal opportunity employer

PERSONAL INFORMATION

NAME (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER

PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

ADDRESS WHERE YOU MAY BE CONTACTED IF DIFFERENT FROM PRESENT ADDRESS

PHONE NO.-DAYS

()

PHONE NO.-EVENINGS

()

ARE YOU 18 YEARS OR OLDER?

YES

NO

BIRTHDATE, IF UNDER 18

DESIRED EMPLOYMENT POSITION

TYPE OF POSITION APPLYING FOR

DATE YOU CAN START

SALARY DESIRED

ARE YOU CURRENTLY EMPLOYED?

YES

NO

IF SO, MAY WE CONTACT THIS EMPLOYER?

YES

NO

EVER APPLIED TO FISCHER FOODS OF NY, INC. BEFORE?

YES

NO

IF SO, WHEN?

EVER WORKED FOR FISCHER FOODS OF NY, INC. BEFORE?

YES

NO

IF SO, WHEN?

REASON FOR LEAVING

NAME SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU TO THIS COMPANY?

EMPLOYMENT AGENCY

NEWSPAPER AD

FRIEND

STATE EMPLOYMENT OFFICE

WALK-IN

OTHER

EDUCATION

COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
HIGH SCHOOL LAST ATTENDED	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE
OTHER	GRADUATE?		TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL
	YES	NO			CITY & STATE

SPECIAL TRAINING?

SPECIAL SKILLS?

EMPLOYMENT HISTORY

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST.

NAME OF PRESENT OF LAST EMPLOYER	PHONE NUMBER ()	REASON FOR LEAVING
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

START DATE	END DATE	JOB TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF SUPERVISOR	DESCRIPTION OF WORK
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PREVIOUS EMPLOYER	PHONE NUMBER ()	REASON FOR LEAVING
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

START DATE	END DATE	JOB TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF SUPERVISOR	DESCRIPTION OF WORK
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PREVIOUS EMPLOYER	PHONE NUMBER ()	REASON FOR LEAVING
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

START DATE	END DATE	JOB TITLE	STARTING SALARY	FINAL SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF SUPERVISOR	DESCRIPTION OF WORK
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MISCELLANEOUS

SERVICE RECORD-BRANCH OF SERVICE	DISCHARGE DATE	RANK
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SERVICE RECORD-BRANCH OF SERVICE	DISCHARGE DATE	RANK
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HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF YES, WE WILL NOT NECESSARILY EXCLUDE YOU FOR CONSIDERATION.</small>	EXPLAIN
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REFERENCES (GIVE THREE PEOPLES NAME & PHONE NUMBER NOT RELATED TO YOU FOR WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

REFERENCE ONE	REFERENCE TWO	REFERENCE THREE
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AUTHORIZATION

APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING

I certify that the facts contained in this application are true & complete to the best of my knowledge & understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein & the references & employers listed above to give you any & all information concerning my previous employment & any pertinent information they may have personal or otherwise & release the company from all liability for any damage that may result from utilization of such information.

I also understand & agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date _____

Signature _____