

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, gender, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK

Today's Date _____

Name: _____

Address: _____ How Long? _____

City: _____ State/Zip: _____

Day Phone: () _____ Home Phone: () _____

Position for which you are applying: _____

Check the following options you would consider: _____ Full Time _____ Part Time _____ Temporary

If part time, specify hours or days: _____

What is your minimum salary requirement? _____ Date available for work: _____

Do you have any commitments to another employer that might affect your employment with us? _____

EDUCATION AND TRAINING

	School Name	City and State	Major Course of Study	Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job: _____

List any machines, equipment, or software programs on which you are qualified and experienced in operating: _____

List any languages that you fluently speak: _____ Read/Write: _____

Do you have a valid driver's license in this state? _____ Yes _____ No

Military experience? _____ Yes _____ No If yes, what branch? _____

Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? _____ Yes _____ No

Are you 16 years old or over? _____ Yes _____ No If under 18, state age _____

GENERAL INFORMATION (continued)

Were you previously employed by STEFANO FOODS INC.? Yes No If yes, dates _____

List any relatives working for STEFANO FOODS INC. _____

During the last ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision of correction for a felony or a misdemeanor, having a penalty of imprisonment or a fine of over \$500? (Answering yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If yes, explain _____

Can you perform the essential functions of the job? Yes No

Do you require any accommodation to perform the essential functions of the job? Yes No

If yes, explain _____

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ()		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME		
BRIEF DESCRIPTION OF DUTIES			

REASON FOR LEAVING	LAST SALARY
.....	

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ()		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME		
BRIEF DESCRIPTION OF DUTIES			

REASON FOR LEAVING	LAST SALARY
.....	

NAME OF EMPLOYER	TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP
DATES EMPLOYED (FROM-TO)	TITLE ()		
NAME AND TITLE OF SUPERVISOR	TELEPHONE NUMBER		
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS EMPLOYMENT? <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME		

REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION/ASSOCIATION	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person to be notified in case of emergency:

Name: _____ Telephone _____

Address: _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, gender, race, religion, color, national origin, or disability.)

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give STEFANO FOODS INC. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and STEFANO FOODS INC. from liability for any damage that may result from furnishing same to STEFANO FOODS INC.

I understand that STEFANO FOODS INC. has agreed that STEFANO FOODS INC. will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under STEFANO FOODS INC.'s workers' compensation insurance policy.

If employed by STEFANO FOODS INC., I agree to abide by the policies and procedures of STEFANO FOODS INC. which includes STEFANO FOODS INC.'s Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of STEFANO FOODS INC. or myself. I further understand that no manager or representative of STEFANO FOODS INC. other than the president of STEFANO FOODS INC. has any authority to enter into any agreement, oral or written, on behalf of STEFANO FOODS INC. for a term of employment or to make any assurance or promise of continued employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to STEFANO FOODS INC. for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature: _____ Date: _____

APPLICANT INFORMATION (Please Print) Stefano Foods Account Number: 101-100295

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
2 Other Name(s) Used:	Former Address: (1)
Social Security No:	City: State: Zip
Driver's License No.: State:	Former Address: (2)
Date of Birth: Place of Birth: (City, State, Country)	City: State: Zip

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy of telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effective until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **ATTENTION RESIDENTS OF CALIFORNIA, MINNESOTA, & OKLAHOMA ONLY:** By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:

Applicant Signature

Date

Applicant Name Typed or Printed

Info

Fax to (770) 984-8997

Stefano Foods, Inc.

Notice to Individuals Being Drug and/or Alcohol Tested

Employee/applicant name

Date of test

As part of either your application or ongoing employment with STEFANO FOODS company you are subject to drug and/or alcohol testing. Part of our testing process is providing you with notice of your rights and responsibilities with regards to this testing. Please be advised:

1. You have a right to understand what type of testing will occur and the reason for such testing. If you have any questions about this test you may contact your supervisor or Human Resources who will gladly answer any question you have.
2. You have a responsibility, at the same time, to complete the test without delay and understand that you cannot delay a required test waiting on an explanation of this information.
3. **YOU SHOULD NOT PROVIDE ANY MEDICAL OR PRESCRIPTION INFORMATION TO THE COLLECTOR.** You may provide such information to the Medical Review Officer (MRO) physician conducting the medical review process of your test result.
4. You have a right to decline to complete any test required. However, refusal to test will result in an applicant no longer being eligible for employment. Current employees who refuse a test will be terminated. Likewise, applicants who attempt to alter test results will no longer be considered for employment. Current employees who attempt to alter the test will be terminated.
5. Applicants who test positive will no longer be considered for employment. Positive test results for current employees will be used by the Company to determine continued employment eligibility.
6. You have a right to be treated with basic dignity and privacy to the extent the circumstances permit. Should the collector believe you will attempt, or have attempted to tamper with or adulterate a specimen, or you provide a specimen outside the acceptable temperature range, you may be required to undergo a specimen collection directly observed by a collector of the same gender. Refusal to allow a direct observed collection under these circumstances will be considered a refusal to test.
7. You have the right to expect any personal information gathered or test result information to be treated as confidential as possible in a work environment.
8. If your job requires testing under federal regulation, you have a responsibility to fully comply with the specific requirements of such testing. Specifically, showing up for testing when required, remaining in the testing center location until released by the collector, providing the required specimen type and quantity within the required time limits, completing any secondary testing required or medical evaluation as part of the regulation. Additionally you must fully cooperate with the test collection personnel and in no way attempt to disrupt the testing process.
9. You have a right to understand that your specimen will be tested in a laboratory qualified to conduct such employment type testing and the laboratory report will be forwarded to the MRO who is a physician licensed to practice medicine and trained to perform such MRO duties. The MRO will discuss with you any positive lab result and give you an opportunity to provide any relevant medical information that would justify a lab positive.
10. You may have other rights not stated here, and such stated rights and responsibilities may change from time to time depending on company policy, testing technology, state and federal law and/or contractor requirement.

NC Applicants/Employees Only:

You have rights under North Carolina law which provides that you will be informed, in writing, within thirty (30) calendar days, of a verified positive test result. North Carolina also provides that you have the right within ninety (90) calendar days of notice of a positive test to request, in writing, to have the original sample re-tested in the same or another approved laboratory. All such retesting shall be at your expense and such costs shall include, the actual costs charged by the laboratory, chain-of-custody fees, and up to \$15 of employer costs to comply with your request.