

**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?  YES  NO WAS EMPLOYMENT?  PART TIME  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?  YES  NO WAS EMPLOYMENT?  PART TIME  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?  YES  NO WAS EMPLOYMENT?  PART TIME  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: \_\_\_\_\_

**STEFANO FOODS, INC.**  
**Fair Credit Reporting Act - Authorization and Release**

In connection with my application for employment with Stefano Foods or future employment or as a contractor purpose in the event I am hired, and for continued employment purposes, I hereby authorize Stefano Foods to obtain consumer reports or investigative consumer reports about me. I understand that these reports may include information from various public and private sources as to my prior work experience and performance, **criminal history**, and credit worthiness, as well as other information which may relate to my general reputation and character.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

Minnesota, Oklahoma and California applicants only: If you want a copy of the reports ordered, Check here \_\_\_\_\_. The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: **Phoenix Loss Prevention, Inc., 150 Bastille Way, Fayetteville, GA 30214, 800/535-8971.**

I understand that any misrepresentations or omissions of fact disclosed to Stefano Foods will constitute sufficient reason to cancel my application or contract, withdraw any offer of employment/contract, or, if I have been employed, to terminate my employment/contract.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

*By my signature below, I acknowledge that I have received from Stefano Foods a copy of a report titled "A Summary of Your Rights Under the Fair Credit Reporting Act," I also acknowledge by my signature that a facsimile or photocopy of this Fair Credit Reporting Act Authorization and Release will be as valid and binding upon me as the original.*

***Please print all information:***

**Full Name:** \_\_\_\_\_ **Other Names Used (including Maiden Name):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **US Federal or State issued document (with photo):**

**Document Name:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Document Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**If employed, may we contact your current employer(s)?** YES  NO

**List three most recent addresses where you resided in the last 7 years (list present address first):**

1.	Current Street Address	City	County	State	Zip
2.	Previous Street Address	City	County	State	Zip
3.	Previous Street Address	City	County	State	Zip

**The following states require sex and race to obtain information:** (Circle One) AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI SEX (circle one): Female Male RACE (circle one): Asian Black Hispanic White Other

Witness Signature: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section for Stefano Foods Use Only\*\*\***

Stefano Foods Contact (Name & Location )						
Subject's Name						
Date of Birth						
Process Level (circle one)	1	2	3	4	Motor Vehicle Records	YES NO
Will the subject handle Live Animals (circle one)					YES	NO

## **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.

**Stefano Foods Inc.**  
**4825 Hovis Road, Charlotte, NC 28208**

---

Thank you for expressing an interest in employment opportunities with Stefano Foods.

Stefano Foods is an equal opportunity/affirmative action employer. To meet our affirmative action objectives and comply with various federal requirements, you are invited to provide the information requested on this form. Providing this information is voluntary and your application will not be adversely affected if you decline to respond. This information will not be retained with your application.

Your application will only be processed for the specific position for which you indicated an interest. If you failed to indicate any specific interest, your application will be regarded as a Production job application only. Please feel free to resubmit another application for other specific openings, if you are interested in additional job opportunities with Stefano Foods. Our current job openings are listed with the (NC) Employment Security Commission. They can be reached at [704.566.2870](tel:704.566.2870), or online at [www.ncesc.nc.us](http://www.ncesc.nc.us)

We wish you the best in securing a position that offers you personal and professional satisfaction.

-----

Please complete this form:

First and Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Exact title or position for which you wish to be considered: \_\_\_\_\_

**Gender:**

Check the one that applies:

- Male                       Female

**Ethnicity:**

Check the one that applies:

- Yes, Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- No, not Hispanic or Latino

**Race: Answer this section only if you selected "No, not Hispanic or Latino" above.**

Check one or more of the following race categories:

- White (not Hispanic/Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic/Latino) – A Person having origins in any of the Black racial groups of Africa.
- Asian (not Hispanic/Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic/Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (not Hispanic/Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (not Hispanic/Latino)

# Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission’s website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.**

Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
<b>CRA</b> s, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer and Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051