



FORD'S PRODUCE/FORD'S GOURMET FOODS

Employment Application

1109 Agriculture St., Raleigh, NC, 27603 - Personnel Phone: 919-755-1392 / Personnel Fax: 919-834-8716

Complete the entire application. Omission of any information (i.e., dates of employment, past employers, phone numbers, etc.) may delay the processing of your application. Upon completion, fax to the personnel office or email to fordspersonnel@gmail.com. When granted an interview, aptitude testing will be required.

Name _____ Social Security No. _____

Present Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Email _____

Previous Address _____ City _____ State _____ Zip _____

Position applied for _____ Would you accept a different position? Yes No

Date available to start employment ____/____/____ Are you applying for: Full-time Part-time Temporary

Are you willing to work:

Overtime (over 40 hrs./wk.) Yes No

Nights Yes No

Holidays Yes No

Weekends (Sat./Sun.) Yes No

Travel Yes No

On Call Yes No

Indicate applicable work skills:

10 Key ____ Type ____ Keyboard ____ Other job-related skills _____

Please list the computer applications you have experience using _____

How were you referred to this organization? _____

Do you have any relatives working for this organization? Yes No

If yes, name _____ Department _____

Have you ever been employed by this organization? Yes No

If yes, when, _____ Position _____ Department _____

Are you eligible to work in the United States? Yes No Are you older than 18? Yes No If no, specify age _____

Since reaching 18, have you ever been convicted of a misdemeanor or a felony? Yes No

Note: Criminal background checks are required of all applicants

If yes, please explain _____

EDUCATION

Circle Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12 Grade, Junior High or High School	1 2 3 4 5 College or University	1 2 3 4 Graduate School
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School: Name and Address	Course of Study	Did you Graduate?	Diploma/ Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are now attending school, indicate where and the course of study _____

PROFESSIONAL LICENSES/CERTIFICATIONS

Professional License/Certificates	State	Expiration Date	Registration Number

MILITARY SERVICE

From	To	Branch	Rank	Classification

Are you presently a member of the National Guard or the Reserves? Yes No

EMPLOYMENT HISTORY

Please list previous employers with most recent employer first. Periods of unemployment should be included

Company Name	From (mo./yr.)	To (mo./yr.)	Immediate Supervisor	Last Salary \$ _____ per
Company Address		City	State	Zip Telephone
Job Title		Type of Business		
Responsibilities/Duties				
Reason for Leaving				

Company Name	From (mo./yr.)	To (mo./yr.)	Immediate Supervisor	Last Salary \$ _____ per
Company Address		City	State	Zip Telephone
Job Title		Type of Business		
Responsibilities/Duties				
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Company Name	From (mo./yr.)	To (mo./yr.)	Immediate Supervisor	Last Salary \$ _____ per
Company Address		City	State	Zip Telephone
Job Title		Type of Business		
Responsibilities/Duties				
Reason for Leaving				

May we contact the employers listed above for an employment check? Yes No

Have you given notice to your present employer? Yes No

Is there any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain _____

Make any comments you feel are pertinent to your application _____

Tell us what you can do for Ford's _____

(Ford's Produce/Ford's Gourmet Foods hereafter referred to as Ford's)

Employment Eligibility

Ford's complies with all federal and state immigration laws and regulations and is committed to providing a workplace free from discrimination, including any discrimination based on national origin or citizenship status. To comply with the federal Immigration Reform and Control Act, all new hires must complete appropriate sections of the federal Department of Homeland Security's Form I-9 and provide documents, which are listed on the form, that establish identity and employment eligibility. Employees who fail to produce required documentation within three business days of the date employment begins are subject to termination.

Equal Employment Opportunity

Ford's is committed to providing equal employment opportunity for all employees and applicants regardless of race, color, religion, sex, age, national origin, citizenship status, disability, genetic information, or veteran status. Equal opportunity extends to all aspects of the employment relationship, including hiring, promotions, training, working conditions, compensation, and benefits. In all hiring and employment practices, Ford's provides reasonable accommodations to qualified employees and applicants with disabilities unless the accommodations create an undue hardship for the company.

Questions for Applicants with a Driver License

Note: The majority of our employees are required to have a current driver license. The accident record and conviction record will be a determining factor in obtaining, as well as maintaining, employment with Ford's. Should the accident/conviction record not meet the on-going standard established by our insurance carrier, employment will not be considered for applicants or continued for current employees. It is the responsibility of the employee to notify the company of any accidents involving motor vehicles as well as any traffic convictions. Failure to do so can result in loss of employment. If properly notified by the employee and an available position is open that does not require a driver's license, the employee may be considered for that position.

Current License Held:	State	License #	Type	Expiration Date

Traffic Convictions and Forfeitures for the Past 3 Years (excluding parking)

Dates	Location	Charge	Penalty/Result

Accident Record During Previous 3 Years:

Dates	Nature of Accident (Head-On, Rear-end, etc.)	Fatalities? Explain.	Injuries? Explain?

Driving Experience

Class of Equipment	Type of Equipment	Dates	License Held	Approximate Miles
Pick Up Truck				
Straight Truck				
Tractor Trailer				
Other				

If you answer Yes, to any of the following three questions, attach a sheet with complete details.

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of driving under the influence of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all states you operated in during the last five years _____

List all special courses and/or trainings you have successfully completed that will help you as a driver _____

Have you received any safe driving awards? Yes No

If yes, when and from whom did you receive the award? _____

Applicant Signature _____ Date _____

Consent, Authorization, and Acknowledgement Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, understand, acknowledge, & provide my consent & authorization to:
(Please print)

make any investigation and to obtain all lawful information which you deem necessary in connection with this application and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is at will and I agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither I nor the potential employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract.

Alternate Dispute Resolution

I agree to any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved utilizing a two-step Alternate Dispute Resolution (ADR) process as follows: 1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and 2) Failing settlement by mediation, we agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, the Dispute Resolution Policy and the Arbitration Rules of Dispute Systems, Inc., or its successor. Any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. In signing this Application, I am expressly waiving any right to trial by jury or judicial appeal.

Sex Offender & Public Protection Program Compliance

Ford's, as a vendor of school systems, performs annual checks on all employees who may perform tasks or deliver products to any school property. In accordance with North Carolina G.S. 14-208.18, all persons who (1) are required to register under the Sex Offender and Public Protection Program AND (2) have been convicted of any sexually violent offense or any offense in which the victim was under the age of 16 years at the time of the offense are expressly forbidden to knowingly be present on any property owned or operated by the school system.

By signing below you are indicating that you are not required, as outlined above, to register as an offender. You are also indicating by your signature that should you become employed by the company and are required in the future to register as an offender; you will notify the Personnel Manager immediately.

Drug & Alcohol Testing

I agree to allow Ford's to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorized Ford's management for appropriate review.

I understand that the results of the drug/alcohol testing of my urine, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

In addition to pre-employment testing, Ford's will also conduct random, reasonable suspicion and post-accident drug and alcohol testing during your employment. I understand that my compliance with all the guidelines of the Drug and Alcohol Policy of Ford's is required throughout any employment.

Health Insurance

At the time of eligibility of insurance, participation in our group health plan is required of all employees unless proof of coverage elsewhere is provided. Ford's pays 50% of the health plan cost for the employee coverage.

Confidential Information

I agree not to use or disclose outside my employment with Ford's, any confidential information, trade secrets, or proprietary information, whatsoever its form, obtained in connection with my employment with Ford's.

Applicant Signature: _____ **Date** _____