



Fast Track Foods

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race; color, religion, sex, national origin, age, marital status, or any other legally protected status. To be properly evaluated, this application must be filled out completely, please use ink and print. If more space is needed, attach a separate sheet.

POSITION SOUGHT	DATE
SOCIAL SECURITY NUMBER	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE USE ONLY

JOB TITLE

EMPLOYEE NUMBER

CITIZENSHIP/COUNTRY

RATE/SALARY

EXEMPTIONS

FIRST NAME	MIDDLE	LAST	PHONE NO.
ADDRESS			CITY STATE ZIP
PREVIOUS ADDRESS			CITY STATE ZIP
			HOW LONG?

MARITAL STATUS

SEX
 MALE FEMALE

HIRE DATE: MONTH/DAY/YEAR

BIRTHDATE: MONTH/DAY/YEAR

EEO CODE (CHECK ONE)
 ASIAN BLACK
 HISPANIC AMERICAN INDIAN
 WHITE

ASSIGNED TO TRAININGSTORE YES NO

HOME STORE

GENERAL INFORMATION

NAMES OF RELATIVES, SPOUSE, OR PEOPLE LIVING IN THE SAME HOUSEHOLD EMPLOYED BY US:

HAVE YOU FILED AN APPLICATION WITH FAST TRACK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHERE?	DESIRED SALARY
HAVE YOU EVER BEEN EMPLOYED BY FAST TRACK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHERE?	PREFERRED LOCATION
DO YOU OBJECT TO WORKING ON WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PREFER <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
CIRCLE THE DAYS YOU ARE AVAILABLE TO WORK. SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY		DO YOU OBJECT TO IRREGULAR HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN SUSPENDED OR INVOLUNTARILY TERMINATED FROM A JOB(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN AND WHY?	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ALCOHOLIC BEVERAGE VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND FOR WHAT REASON?	

A FELONY CONVICTION DOES NOT AUTOMATICALLY PROHIBIT HIRING. CONSIDERATION IS GIVEN AS TO AGE WHEN THE OFFENSE OCCURRED, SERIOUSNESS AND NATURE OF THE VIOLATION, AND ANY REHABILITATION YOU HAVE UNDERGONE. GIVE ALL THE FACTS SO THAT AN INFORMED DECISION MAY BE MADE.

COMPLETE ONLY AFTER HIRING

CIRCLE HIGHEST GRADE COMPLETED:

GRADE SCHOOL
1 2 3 4 5 6 7 8

HIGH SCHOOL
9 10 11 12

COLLEGE
1 2 3 4 5

GRADUATE SCHOOL
1 2 3 4

OTHER

OTHER

GOVERNMENT EQUIVALENT DEGREE EARNED? YES NO

IF YES, WHERE

WHEN

IN CASE OF EMERGENCY NAME WHO SHOULD THE COMPANY CONTACT?	RELATIONSHIP	HOME PHONE NO.
ADDRESS		BUSINESS PHONE NO.

EDUCATIONAL EXPERIENCE

NAME AND LOCATION OF SCHOOL	YEAR GRADUATED	DEGREE EARNED
HIGH SCHOOL		
COLLEGE		
OTHER		
OTHER		

DRIVING INFORMATION

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STATE OF ISSUE	LICENSE NUMBER	YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.
HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND FOR WHAT REASON		TYPE LICENSE <input type="checkbox"/> STANTARD <input type="checkbox"/> CDL B <input type="checkbox"/> CDL C <input type="checkbox"/> CDL A
LIST DRIVING VIOLATIONS, IF ANY, DURING PAST THREE (3) YEARS			HAVING A DRIVER'S LICENSE IS NOT A CONDITION FOR EMPLOYMENT WHEN DRIVING IS NOT REQUIRED

Most store employees are required to stand for a major part of each workday. In addition, this job requires lifting and carrying of products weighing as much as 30 to 50 pounds and is subject to rapid temperature change working in and out of refrigerated areas. Are you willing and able to perform these essential job functions as part of your work. Yes No

Comments: _____

EMPLOYMENT AND ARMED FORCES EXPERIENCE
(Enter Present or Most Recent Position First)

COMPANY NAME	ADDRESS		CITY		STATE	ZIP
POSITION(S)	FROM	TO	RATE OF PAY		BRIEFLY DESCRIBE JOB DUTIES	
	MO./YR.	MO./YR.	STARTING	ENDING		

REASON FOR LEAVING	LAST SUPERVISOR'S NAME	PHONE No. ()
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COMPANY NAME	ADDRESS		CITY		STATE	ZIP
POSITION(S)	FROM	TO	RATE OF PAY		BRIEFLY DESCRIBE JOB DUTIES	
	MO./YR.	MO./YR.	STARTING	ENDING		

REASON FOR LEAVING	LAST SUPERVISOR'S NAME	PHONE No. ()
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COMPANY NAME	ADDRESS		CITY		STATE	ZIP
POSITION(S)	FROM	TO	RATE OF PAY		BRIEFLY DESCRIBE JOB DUTIES	
	MO./YR.	MO./YR.	STARTING	ENDING		

REASON FOR LEAVING	LAST SUPERVISOR'S NAME	PHONE No. ()
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PERSONAL REFERENCES (MUST BE LOCAL)

NAME AND OCCUPATION	ADDRESS	PHONE No.

LIST ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS YOU FEEL ARE PERTINENT:

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

IF YOU WERE EMPLOYED UNDER A DIFFERENT NAME THAN INDICATED, PLEASE STATE THE NAME YOU USED:

CERTIFICATION AND AGREEMENT

PLEASE READ AND SIGN

I certify that all information given herein is true and complete to the best of my knowledge. I authorize you to make a thorough investigation of my background and to perform reference checks. I hereby release employers, schools and other persons from all liability in responding to inquiries in connection with this application. I understand that false or misleading information given in this application may result in rejection or dismissal. I agree to abide by all Company Work Rules, Safety Regulations and the Federal Safety Regulations of the Occupational Safety and Health Administration as they may be amended from time to time. I understand the Company maintains a drug free workplace and I may be required to submit to drug tests, alcohol and/or medical examination to the extent permitted by law.

I agree that my employment and compensation can be terminated at will, with or without notice, at any time, either at my option or at the Company's option. I also acknowledge that no written or oral promise of employment for a specified term is effective unless expressly set forth in a document signed by an officer of the Company. I also understand that I must give two (2) weeks prior notice of my intent to leave, in order to be considered resigned in good standing. This application will be considered active for a maximum of thirty (30) days. If I wish to be considered for employment after that time, I understand I must fill out a new application.

Date _____ Signature _____

OFFICE USE

INTERVIEWED BY	DATE	APPROVED BY	DATE	TITLE