



APPLICATION FOR EMPLOYMENT TREGA FOODS LTD.

We are an Equal Opportunity Employer

| | | | | |
|---|--|-------|--------|------------------------|
| PERSONAL | Last Name | First | Middle | Date |
| | Street Address | | | Day Telephone |
| | City, State, Zip | | | Evening Telephone |
| | Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If hired, you will be required to provide proof of work authorization.)</small> | | | Social Security Number |
| | Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <small>If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.</small> | | | |
| | Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, explain 1. the nature of the crime, 2. the date of conviction, and 3. the state in which convicted. (Convictions are not an automatic bar to employment.)</small> | | | |
| Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, describe the 1. nature of the charges, 2. the date issued, and 3. the county and state where issued.</small> | | | | |

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|-----|---|---|------------------|--------------|
| JOB | Position Desired | FT or PT | Shift Preference | Wage Desired |
| | Have you applied at Trega Foods Ltd. before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever worked at Trega Foods Ltd. before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | How were you referred to the company? <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Agency <input type="checkbox"/> School <input type="checkbox"/> Other _____ | | | |

| EDUCATION | SCHOOL | NAME OF SCHOOL AND LOCATION (CITY AND STATE) | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|-----------|--------------------------|--|-----------------|------------------------|---|-------------------|
| | HIGH SCHOOL | _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | COLLEGE | _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | BUSINESS/TRADE/TECHNICAL | _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | OTHER | _____ | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SPECIAL SKILLS OR TRAINING

List any special skills or relevant training programs completed.

EMPLOYMENT

Please give an accurate, complete employment record.
Start with your present or most recent employer.

| | | | |
|---|--------------------------|-----------------------------------|---|
| 1 | Company Name and Address | | Telephone () |
| | Name of Supervisor | Employment Dates (Month and Year) | Rate of Pay |
| | Description of Duties | | Reason for Leaving |
| | | | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--------------------------|-----------------------------------|---|
| 2 | Company Name and Address | | Telephone () |
| | Name of Supervisor | Employment Dates (Month and Year) | Rate of Pay |
| | Description of Duties | | Reason for Leaving |
| | | | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--------------------------|-----------------------------------|---|
| 3 | Company Name and Address | | Telephone () |
| | Name of Supervisor | Employment Dates (Month and Year) | Rate of Pay |
| | Description of Duties | | Reason for Leaving |
| | | | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--------------------------|-----------------------------------|---|
| 4 | Company Name and Address | | Telephone () |
| | Name of Supervisor | Employment Dates (Month and Year) | Rate of Pay |
| | Description of Duties | | Reason for Leaving |
| | | | May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications.
DO NOT list relatives or personal friends.

| | | |
|------------------|--------------|-----------|
| Name and Address | Relationship | Telephone |
| Name and Address | Relationship | Telephone |
| Name and Address | Relationship | Telephone |

SIGNATURE

- All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
- I authorize Trega Foods Ltd. to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
- I understand that upon receiving a job offer, a physical examination and drug screening may be required.
- Regardless of whether or not I become employed by Trega Foods Ltd., I recognize that this application is not and should not be considered a contract of employment. I understand that employment at Trega Foods Ltd. is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract.

Signature _____

Date _____