



APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with us. We consider all job applicants solely on the basis of job-related qualifications. Benjamin Foods, LLC is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis, including race, creed, color, age, sex, religion, disability, sexual orientation, national origin or any other protected group status. Please inform Benjamin Foods if you require any reasonable accommodation to complete the employment application or to participate in an employment test or interview. Please complete this form fully and accurately. If you are unable to recall specifically any item of information requested, please so indicate. All the information you provide is subject to verification. Applicant must reapply if not hired within 60 days.

Date Submitted: _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

How long at current address _____ Social Security No. ____ - ____ - _____

Daytime Telephone# _____ Evening Telephone# _____ Cell# _____

Are you at least over age 18: ____YES ____NO, if "No", can you provide proof of your eligibility to work?
____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO.

Proof of eligibility will be required if hired.

Position applied for : _____

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

Days/hours available to work
Anytime ____ Thurs ____
Mon ____ Fri ____
Tue ____ Sat ____
Wed ____ Sun ____

Salary Desired: \$_____per _____

How many hours can you work weekly? ____ Can you work overtime if needed? ____Yes ____No

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

Who referred you to our company? _____

Have you applied to or worked for our company previously? ____Yes ____No

If yes, when / where? _____

Do you have any relatives or friends who work for the Company? YES [] NO [] If yes, who and where do they work?

Employment History: List your current or most recent employment first. Include Military Service and periods of unemployment. If additional space is needed, please use a separate sheet of paper.

Name of employer Address City, State, Zip Code Phone number May we contact this employer? ____Yes ____No	Name of last supervisor	Employment dates	Pay or salary
		From	Start \$ per [] Hour or [] Year
		To	Final \$ per [] Hour or [] Year
Your last job title			
Reason for leaving:			

Name of employer Address City, State, Zip Code Phone number May we contact this employer? ____Yes ____No	Name of last supervisor	Employment dates	Pay or salary
		From	Start \$ per [] Hour or [] Year
		To	Final \$ per [] Hour or [] Year
Your last job title			
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Name of employer Address City, State, Zip Code Phone number May we contact this employer? ____Yes ____No	Name of last supervisor	Employment dates	Pay or salary
		From	Start \$ per [] Hour or [] Year
		To	Final \$ per [] Hour or [] Year
Your last job title			
Reason for leaving:			

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Do you hold any professional licenses or certifications?

Name of license/certifications _____

License/certification number: _____ Issuing State: _____

Yes No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

Special or Unique Skills: Yes No If Yes, please explain:

Community Services / Other Activities: Please describe other activities you are involved in, which may not be reflected in your work, but which might *demonstrate additional skills or knowledge you have developed and which might be utilized in the position you are applying for*:

REFERENCES: include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed in your work history.

Name	Address/Phone#	Years Known/Relationship

EDUCATION:

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed above, please enter that name _____

Name	City/State	Graduated	Degree & Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade / Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVER'S LICENSE INFORMATION

Yes No **If the job requires, do you have the appropriate valid driver's license?**
Name on license _____ DL # _____ Type _____ State of Issue _____

Yes No Have you had any moving violations within the last seven years? Please describe.

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime? Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order.

Yes No Please explain **any "Yes" answer. Use additional paper if necessary.** _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Address/Phone#	Relationship

Print Name of applicant

CERTIFICATION AND RELEASE

PLEASE READ CAREFULLY and SIGN

Employment-At-Will Agreement:

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment. I further understand and agree that this "employment-at-will" relationship will remain in effect throughout my employment with Benjamin Foods, LLC (if hired), and cannot be modified except by a written contract that expressly negates this "employment-at-will" agreement and is signed by the President of Benjamin Foods AND the Vice-President of Human Resources for Benjamin Foods. This statement constitutes the entire agreement between me and this Company on the subjects covered, overriding any prior communication.

Drugs and Alcohol:

Consistent with Benjamin Foods, LLC Drug and Alcohol Policy, employment is contingent on passing a mandatory pre-employment drug and alcohol screen for most positions. Those who refuse to take the test or fail the test will not be hired. I also understand that if hired, working under the influence of alcohol or legal or illegal drugs, or selling or offering to sell, purchasing, using, transferring, possessing or consuming alcohol, illegal drugs, or controlled substances or the paraphernalia associated with such, on company property, while operating company-owned vehicles or equipment, or in the course and scope of my employment will result in termination of employment. Consistent with D.O.T. and non-D.O.T regulations, If I am hired into a "safety-sensitive" position, I will be entered into one of the company's random drug & alcohol testing pools, pool determined based on job classification.

Other Conditions of Employment:

As a condition of employment, I understand that I will be required to sign agreements confirming these policies. I further understand that I will be required to sign certain associate agreements as a condition of employment. I understand that if hired, I am required to abide by all rules and regulations of Benjamin Foods, LLC and to comply with all policies and procedures in the associate handbook, any policy and procedure manual, or other communications to associates. I further understand that Benjamin Foods' policies and procedures are subject to modification without notice.

I understand that additional testing of job-related skills may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company.

I authorize Benjamin Foods and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to Benjamin Foods and/or its agents concerning my background and experience. I release Benjamin Foods and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

Signature

Date



Benjamin Foods facilities are non-smoking work environments. As of June 1, 2013 Benjamin Foods is no longer hiring those who use tobacco products.

NOTICE REGARDING BACKGROUND INVESTIGATION

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT

In connection with your application for employment, the Company may obtain information about you from TeamScreen Solutions LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

APPLICANT/EMPLOYEE:

Signature: _____

Date: _____

Printed Name: _____

Email: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am contracted for employment, throughout the term of my contract. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

- I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address.
- Oklahoma, Maine, Minnesota and California applicants may obtain a copy of this consumer report by checking this box. This report will be sent to California applicants within three (3) days of the employer receiving the report.
- California applicants only: For consumer reports which were not obtained by a consumer reporting agency, by checking this box you waive the right to obtain a copy of the report. If unchecked, you will receive this report within seven (7) days of the employer receiving it.

California only: For reports obtained by TeamScreen Solutions LLC, California applicants also may review the file TeamScreen Solutions LLC maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others.

APPLICANT:

Signature: _____	Date: _____
Printed Name: _____	Email: _____
Social Security Number: _____	Date of Birth: _____
Driver's License Number: _____	State of Issuance: _____

(List all addresses during the past 5 years)

Current Residence Address: _____
(Street) (City) (State) (ZIP) (Dates)

Previous Address: _____
(Street) (City) (State) (ZIP) (Dates)

Previous Address: _____
(Street) (City) (State) (ZIP) (Dates)

Previous Address: _____
(Street) (City) (State) (ZIP) (Dates)

**INSTRUCTIONS TO EMPLOYER
FOR USE OF VOLUNTARY EEO SELF-IDENTIFICATION FORM
AND VOLUNTARY VETERANS AND DISABILITY
SELF-IDENTIFICATION FORM**

A Voluntary EEO Self-Identification Form and a Voluntary Veterans and Disability Self-Identification Form are included in this packet for those employers who are subject to certain federal recordkeeping and reporting requirements and/or affirmative action obligations. Only those employers who are subject to these requirements (as explained generally below) should use these forms. If your company is not subject to these recordkeeping, reporting or affirmative action requirements, you should not provide the forms to or seek the requested information from job applicants or employees. Employers are encouraged to seek advice of competent legal counsel to determine whether to request this information.

Voluntary EEO Self-Identification Form:

Certain employers are required to file an EEO-1 Report every year with the U.S. Equal Employment Opportunity Commission and the U.S. Department of Labor Office of Federal Contract Compliance. In order to complete the EEO-1 Report, employers should request that employees self-identify their gender and race/ethnicity. No adverse action may be taken against individuals who choose not to provide the requested information. Employers required to file annual EEO-1 Reports include:

- (1) All private employers with 100 or more employees (including employers with fewer than 100 employees if the company is owned or affiliated with another company or there is centralized ownership, control or management so that the entire enterprise employs a total of 100 or more employees) excluding state and local governments, primary and secondary school systems, institutions of higher education, Indian tribes and tax-exempt private membership clubs other than labor organizations.
- (2) All private employers who have 50 or more employees and are federal contractors or first tier subcontractors and have a contract amounting to \$50,000 or more.

In addition, certain employers may have affirmative action obligations that require that sex and race/ethnicity of applicants be tracked and therefore, may use the Voluntary EEO Self-Identification Form.

If your company employs fewer than 100 employees, is not a federal contractor with 50 or more employees, or does not have affirmative action obligations, you should not use the Voluntary EEO Self-Identification Form.

Voluntary Veterans and Disability Self-Identification Form

Certain federal contractors are required to comply with recordkeeping, reporting and affirmative action obligations under various federal laws, including Section 503 **of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended**. Covered federal contractors must invite applicants to self-identify themselves as an individual with a disability or as a veteran, as defined by the applicable law. However, federal contractors must ask applicants to self-identify that they are an individual with a disability or a special disabled veteran only after an offer of employment is made to the applicant. (There are limited exceptions when the form may be used prior to an offer of employment, such as when the contractor is undertaking affirmative action at the pre-offer stage.)

If your company is not a federal contractor subject to these laws or affirmative action obligations, you should not use the Voluntary Veterans and Disability Self-Identification Form. Employers are encouraged to seek advice of competent legal counsel to determine whether and when to request this information.

IF EITHER OF THESE FORMS IS USED, YOU MUST KEEP THEM SEPARATE FROM THE EMPLOYMENT APPLICATION AND OTHER PERSONNEL RECORDS.

VOLUNTARY EEO SELF-IDENTIFICATION FORM

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with required government recordkeeping and reporting requirements as well as affirmative action obligations, if applicable. This information is not part of your employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information, please complete the following:

Name: _____ Date: _____

Title of job applied for: _____

SEX

- Male
 Female

RACE/ETHNICITY

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

- Yes
 No

If you answered "No" to "Are you Hispanic or Latino?" please indicate what race/ethnicity you believe yourself to be:

- American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or 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 Philippines Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

PERSONAL AND CONFIDENTIAL

THIS FORM CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS

VOLUNTARY VETERANS AND DISABILITY SELF-IDENTIFICATION FORM

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with any required government recordkeeping and reporting requirements as well as any affirmative action obligations. This information is not part of your employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information, please complete the following:

Name: _____ Date: _____

Title of job applied for: _____

Are you an individual with a disability? (You may be an individual with a disability if you have a physical or mental impairment which substantially limits you in one or more major life activity, or have a record of having such an impairment, or are regarded as having such an impairment.)

Yes

No

VETERAN STATUS

Special Disabled Veteran

1. A veteran who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or
2. A veteran who was discharged or released from active duty because of a service-connected disability.

Vietnam Era Veteran

1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases; or
2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases.

Recently Separated Veteran

1. **Any veteran who served on active duty during the three year period beginning on the date of such veteran's discharge or release from active duty.**

Other Protected Veteran

1. A veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Armed Forces Service Medal Veteran

1. A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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