



Employment Application

Please complete as much information as possible

Applicant Information

Name (First, MI, Last)	Date
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Street Address	Day Telephone ()
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City, State, Zip	Evening Telephone ()
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E-mail Address

Have you ever been employed by Axiom Foods, Inc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, specify the date and position:

Are you legally authorized to work in the U.S?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Note: Proof of citizenship or authorization for employment in the United States is a requirement for employment in accordance with the Immigration Reform and Control Act of 1986.</i>		

Are you at least 18 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Position applying for:	Indicate shift preference using 1, 2, and 3	1st	2nd	3rd

When could you start work?

How did you learn of this position?	Were you referred by a current employee? If yes, by whom?
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Educational Information

School name, with city and state	Degree/Diploma	Major
High School or GED		
Business, Trade or Technical School		
College		

Please list any additional training or skills you have that relate to the position you're applying for:

References (Business, Educational, Professional)

Please list those who can comment on your work abilities and past performances, as they relate to the position for which you are applying.

Name	Telephone Number	Profession	Years Known
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	()		

Employment History

Beginning with your most recent position, please list all employment for the last 10 years. Account for all time, including self-employment, part time work and military assignments. If you need more space, please write on a separate page and attach it to this application.

Company Name			Type of Business		
Address			Dates Employed	From:	To:
City	State	Zip	Supervisor/Contact		
Job Title			Telephone Number		
Reason for Leaving (if still employed state reason for seeking employment)			May the above employer be contacted at this time for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Job Title			Telephone Number		
Reason for Leaving (if still employed state reason for seeking employment)			May the above employer be contacted at this time for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Applicant's Authorization

By signing below, I hereby certify that all of my answers and statements are true and complete. I understand that any misrepresentations, omissions, or material inaccuracies contained in this application or otherwise made by me in the course of seeking employment with Axiom Foods, Inc. may lead to the withdrawal of any offer of employment or termination of employment, if an employment relationship has begun.

I authorize Axiom Foods, Inc. 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 should I receive a job offer, a drug screening will be required and a physical examination may be required.

Regardless of whether or not I become employed by Axiom Foods, Inc. I recognize that this application is not considered a contract of employment. I understand that employment at Axiom Foods, Inc. is on an at-will basis and that my employment may be terminated, with or without cause and with or without notice, at any time, at my option or the Company's, unless specifically provided otherwise in a written employment contract. I further understand that no Company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment, other than an officer or official of the Company, and then only by means of a signed written contract.

Name (Please Print) _____
 Signature _____ Date _____