

HR-CP-01fm01a	APPLICATION FOR EMPLOYMENT		
HUMAN RESOURCES			
Not Controlled Copy	Issued Date: 6/27/2013	Printed Date: 10/22/2021	Revision #2

St. Clair Foods, Inc.

3100 Bellbrook Drive, Memphis TN. 38116

(In compliance with Federal and State equal employment opportunity laws qualified, applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status)

Date _____

Name _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number (_____) _____ Email address _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

Have you worked for St. Clair before? Yes No

If yes, Please add dates: From _____ To _____

What Position _____ Reason for leaving? _____

Are you currently employed? Yes No If not, when was your last day employed? _____

Who referred you? _____

Position applying for _____ What shift can you working? _____

If hired, do you have reliable transportation to get to work? _____

Can you lift 50 pound or more? Yes No

Tell me what are the skills you have for the job position you are inquiring?

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME				Date working		Position(s) Held	
Address, City, State, Zip				From	To		
Phone Number				Duties/ Responsibilities			
Type of business							
Name of supervisor				Reason for leaving			
Base	Starting wage	<input type="checkbox"/> Hour	Ending wage	<input type="checkbox"/> Bonus	Amount Received	Work	
Income	\$.	per	<input type="checkbox"/> Year	\$	per	<input type="checkbox"/>	Hours:
				<input type="checkbox"/> Incentives	\$		

COMPANY NAME				Date working		Position(s) Held	
Address, City, State, Zip				From	To		
Phone Number				Duties/ Responsibilities			
Type of business							
Name of supervisor				Reason for leaving			
Base	Starting wage	<input type="checkbox"/> Hour	Ending wage	<input type="checkbox"/> Bonus	Amount Received	Work	
Income	\$.	per	<input type="checkbox"/> Year	\$	per	<input type="checkbox"/>	Hours:
				<input type="checkbox"/> Incentives	\$		

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Base	Starting wage	<input type="checkbox"/> Hour	Ending wage	<input type="checkbox"/> Bonus	Amount Received	Work	
Income	\$.	per	<input type="checkbox"/> Year	\$	per	<input type="checkbox"/>	Hours:
				<input type="checkbox"/> Incentives	\$		

COMPANY NAME				Date working		Position(s) Held	
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Income	\$.	per	<input type="checkbox"/> Year	\$	per	<input type="checkbox"/>	Hours:
				<input type="checkbox"/> Incentives	\$		

WORK REFERENCES ONLY

NAME	TITLE	
ADDRESS		
	WORK NUMBER	CELL PHONE

NAME	TITLE	
ADDRESS		
	WORK NUMBER	CELL PHONE

NAME	TITLE	
ADDRESS		
	WORK NUMBER	CELL PHONE

SPECIAL SKILLS

Please check the skills for which you have received training.

Maintenance: _____

Machine Operator: _____

Warehouse: _____

Production: _____

Sanitation: _____

Quality Control: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that St. Clair Foods may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company,

I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

OFFICE USED ONLY

Employee #	Shift:	Boot Size:
Start Date:	Supervisor:	Locker Number
Salary:	Work Area:	Notes: