

Please Print All Information Requested Except Signature

EMPLOYMENT HISTORY: Start with your present or last job and include your four most recent positions. This page of the application must be filled out completely even if you are attaching your resume.

Employer _____ May We Contact the Employer? Yes [] No [] Address _____ Phone: _____ Position: _____ Supervisor: _____ Dates of Employment: From: ____ / ____ To: ____ / ____ Reason for Leaving: _____ Duties _____
Employer _____ May We Contact the Employer? Yes [] No [] Address _____ Phone: _____ Position: _____ Supervisor: _____ Dates of Employment: From: ____ / ____ To: ____ / ____ Reason for Leaving: _____ Duties _____
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REFERENCES: Please list three **BUSINESS** references who you have known at least three years.

Name	Address	Position	Phone

AUTHORIZATION: I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Quaker Valley Foods, Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Quaker Valley Foods, it will be on an at-will basis. This means that either Quaker Valley Foods, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Quaker Valley Foods, Inc. I release Quaker Valley Foods, Inc. and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Quaker Valley Foods, Inc. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Quaker Valley Foods and its employees from all liability arising from such investigation.

Signature of Applicant _____ Date _____