

## 2701 RED LION ROAD • PHILADELPHIA, PA 19114

**Quaker Valley Foods, Inc.** is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Quaker Valley Foods, Inc. depends solely on your qualifications.

PERSONAL:	Please Print All	Please Print All Information Requested Except Signature					
Name			Dat	e			
Last	First	Middle					
Address							
Address		City	St	State			
Position Wanted		Salary Desired \$	Date	Date Available//			
E-mail		Home Phone	Cel	Cell Phone			
	years old? <b>Yes</b> [] <b>No</b> []quired to provide authorization to wo	Are you legally eligible	e for employmer of identity and eligibilit				
		the position for which you a e functions, please ask the interview					
•		ys[] Nights[] Overnight					
Days and Hours	You <b>CANNOT</b> Work: Days	S:	F	lours:			
		oods or applied to work for Job Title:					
		ork for Quaker Valley Food		-			
EDUCATION:	Ţ-				1		
Type of School	Name of School	Location of School	No. of Years Completed	Course of Study	Diploma/ Degree Received		
High School							
College							
Vocational or Trade School							
Graduate Work							
Job Related Sk	ills:						
Certifications, Sp	pecial Courses, or Training:	<u>:</u>					
Equipment You	Can Operate:						
Office Equipmen	ıt:						
Computer/Other	Software Skills:						
Activities (other th	an Religious) :						

(Exclude organizations, the name or character of which indicates the race, sex, color, or national origin of its members.)

## 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 Co	ntact the Emplo	oyer? Yes [ ] No [ ]
Address						
Phone:	Position:			Superviso	r:	
Dates of Employment: From:	1	_To:	/	_ Reason for Leaving	j:	
Duties						
Employer				May We Co	ntact the Emplo	oyer? Yes [ ] No [ ]
Address						
Phone:	Position:			Superviso	or:	
Dates of Employment: From:	1	_To:	/	_ Reason for Leaving	J:	
Duties						
Employer				May We Co	ntact the Emplo	oyer? Yes [ ] No [ ]
Address						
Phone:					or:	
Dates of Employment: From:	1	_To:	/	_ Reason for Leaving	J:	
Duties						
Employer				-	entact the Emplo	oyer? Yes [ ] No [ ]
Phone:					nr.	
Dates of Employment: From:				•		
				_	J	
Duties						
REFERENCES: Please list three	e BUSINE			s who you have know		
Name		A	ddress		Position	Phone
AUTHORIZATION: I certify that a converge and understand that remination of my employment.						
understand that neither the acce elationship with Quaker Valley F accept employment with Quaker nc. or I have the right to termina	oods, Inc. Valley Foo	creates ds, it w	s an act vill be or	ual or implied contract on an at-will basis. This i	of employment. means that eithe	I understand that, if I r Quaker Valley Food
agree to submit to drug and alconc. and its employees, plus othe such testing.						
authorize Quaker Valley Foods, all other aspects of my backgrou employees from all liability arising	nd relevant	t to my	propos	ed employment. I relea		
Signature of Applicant				Date		
NE Barr 03/20/2014: 04/2017: 11/2017						