

Application for Employment

Personal

NAME- First		Middle	Last		
Present Address		City	County	State	How long?
Zip Code	Telephone	Social Security Number		E-mail Address	
Prior Address		City	County	State	How long?
Are you eligible to work in the United States? YES / NO (Proof of eligibility will be required before you can be employed)			Are you at least 18 years old? YES / NO If no, do you have a work permit? YES / NO		
What date are you available for employment?					
Have you ever applied here before? YES / NO					
Location Name:		When?			
Are you presently on layoff or leave of absence from any other company? YES / NO					
Do you have any agreements with another employer that might affect your employment here? YES / NO					
If yes, explain:					

Your employer will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, or because of handicap, veteran status. Answers to application questions will be utilized for applicable job-related information only.

Availability To Work Sheet

Name: _____

Please indicate the times you are available to work in the following table:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

PLEASE NOTE: This is an **AVAILABILITY SHEET** not a **REQUEST SHEET**.

Activities that may conflict with the information provided above:

Are you currently attending school?

If yes, when do you expect your schedule to change again?

THANK YOU FOR YOUR COOPERATION.

Employment Data

Give past employment record as completely as possible starting with latest employer (including military service).

Employer Name, Address, Phone Number	Dates (MO/YR)	(Circle) FULL-TIME PART-TIME SEASONAL	Salary/Monthly Earnings \$	Name of Supervisor	Nature of Work	Reason for Leaving
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Education

Elementary School City, State	Circle grade completed:	1	2	3	4	5	6	7	8
High School City, State	Circle grade completed:	9	10	11	12				
College(s)	Did you graduate? YES/NO								
(1)	Graduated?	Degree:	Avg. Grade:		Major(s):				
(2)									
Other job-related schooling, licenses, certifications, etc.:									
(1)	Institution Name:		Expiration Date:						
(2)	(1)		(2)						

References

List at least two (2) responsible adults who have knowledge of your work ethic, experience, and ability (Do not include relatives, former or present employers, or fellow employees).

	(Reference 1)	(Reference 2)	(Reference 3)
Name:			
Address:			
Phone Number:			
Occupation:			
Relationship to you:			

Work Preferences

Answer only the questions for which you are applying

What type of employment do you want? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	What is your minimum salary requirement? \$ _____
For what type of position are you applying for?	What shifts do you prefer? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Are you willing to travel? YES / NO What percent of the time? _____	Are you willing to relocate? YES / NO

What past work experience do you feel is most applicable to this position?

As an applicant for employment, I understand the following:

- | | |
|--|--|
| <ul style="list-style-type: none"> • This application will remain on active file for sixty (60) days. If I am hired within this period, this form will be transferred to my individual personnel file. • If I am not hired within sixty (60) days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a position after that time. • Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date. • After an offer of employment has been extended, I may be required to submit to a physical examination. This may include a drug screen, in order to determine my physical ability to perform my job duties with or without accommodation. • My employment may be contingent upon the result of this examination and drug screen. If the results of the physical examination | <p>indicate that I cannot perform the job for which an offer has been extended and/or if the drug screen results are positive for substance abuse, this will be grounds for disqualifying me or terminating my offer of employment.</p> <ul style="list-style-type: none"> • If my application for employment is accepted, the effective date of employment shall be the time I actually begin to work. If I am employed, I agree to comply with and be bound to the safety and health rules and regulations, and the standards of conduct of my employer. • My employment is no guaranteed for any term, and my employment may be terminated by my employer or myself at any time and for any reason. No management official is authorized to make any oral assurance or promise of continued employment. • All information (including information on any accompanying resume) is subject to verification. |
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- **I authorize you to contact and I authorize any present or former employer, education institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish any and all information in their possession regarding me, in connection with any decision concerning my employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information. A photocopy of this authorization is as valid as the original.**

Signed: _____ Date: _____

GOOD MANUFACTURING PRACTICES (GMPs)

1. No one is allowed in production areas except *Christine's Associates*. Visitors must be accompanied by a supervisor or office assistant, unless authorized by a manager.
2. No food or beverages are allowed in repack and storage areas.
3. No glass is permitted in the building unless temporarily authorized by the maintenance supervisor, or as authorized by Sirna & Son's 'Glass and Brittle Plastic Policy'.
4. No one is permitted to eat, drink, chew gum, or prepare personal food items in the repack/storage areas. This may only be done in designated break room of facility.
5. No personal belongings are allowed in the repacking areas. All items are to be removed from shirt or blouse top pockets.
6. In the repack and storage areas, hair must be restrained and covered with hair bonnet. Personal caps must also be covered with hair bonnet. Beard nets must be worn by a beard growth of ¼" or more.
7. No jewelry (visible or exposed piercings, watches, earrings, necklaces, bracelets, and rings with settings) is allowed in the production and storage areas, with the exception of a plain wedding band.
8. No nail polish, false fingernails or false eyelashes are allowed.
9. All hands must be washed and sanitized before wearing company provided gloves to handle produce.
10. Any open cuts, sores, rashes or any other wounds on hands must be reported to the production supervisor. When instructed, a band-aid and then gloves must cover these. Employees with bad colds or other contagious diseases should notify their supervisor at the start of the workday.
11. Employees are required to wear gloves in the repack area. Gloves must be removed and hands washed and sanitized after returning from trash or dumpster areas, restroom, break room and going outside the building, and before resuming work in the repack and storage areas. Gloves must be left in the designated area in repack or a new pair worn as necessary.
12. Shoes and clothing must follow company policy, i.e., closed shoes, and clothing to promote safety and prevent the cross contamination of product.
13. When a food product falls to the floor, it must be discarded.
14. Any quality issues are reported immediately to the supervisor.

I hereby certify that the above company policy on Good Manufacturing Practices has been given and reviewed and explained to me. I fully understand this policy and certify that I will follow the policy to the fullest extent. I hereby acknowledge receipt of a copy of this policy.

Signed: _____ Date: _____

Printed Name: _____

Christine's Cuts Processing Room Procedure

1. No eating or drinking inside processing room
2. No glass of any kind
3. Hairnet/beard guards must be worn at all times
4. No aprons are to be worn outside of the Processing room
5. Hands must be washed and new gloves put on every time you leave the line
6. No jewelry of any kind except a simple wedding band with supervisor approval
7. No ear/facial/ or visual piercings
8. No watches
9. No fake nails
10. No fake eye lashes
11. No gum chewing
12. Management must be notified immediately about any cuts, open wounds, contagious illness or ailment before start of your shift
13. Personal hygiene must be kept up
14. Clean clothes must be worn daily
15. If medical attention is needed but not severe you must report to a supervisor immediately, fill out an incident report, and go directly to University Hospitals Portage Medical Center 6847 N Chestnut St, Ravenna, OH 44266.
16. If medical attention is needed and severe, 911 will be called immediately and standard procedure will follow. (see above)
17. All employees of Christine's Cuts are required to help clean at the end of each day.
18. Must follow Christine's Cuts' Employee handbook

EMS

Employment Management Services

FAIR CREDIT REPORTING ACT DISCLOSURE & RELEASE

This form is to be used whenever a consumer report must be obtained to verify employment history, driving record, criminal conviction record and other public information.

Part 1 Disclosure:

By this document, Employee management Services (EMS) and on-site EMS employer, discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Signature: _____ Date: _____

Print Full Name (First, Middle, Last): _____ S.S.# _____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License#: _____ State of Issuance: _____

Part 2 Release:

In exchange for consideration for employment at EMS customer company location, and all the related EMS companies and divisions, I hereby authorize the release to EMS, its customer company, its agents, and all employees of EMS customer company location of information held by any parties regarding my current and past employment, my record of convictions for violations of any federal, state, and local statutes, laws, and ordinances, my credit history, my workers' compensation history, and/or my driving record. I hereby release and hold harmless EMS, its Customer Company and all individual companies, and law enforcement authorities from any and all liabilities for any and all damages whatsoever for the release and dissemination of this information. I understand that any investigation into my background is for employment purposes only and, that EMS and its customer company cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release EMS, its customer company, its agents and employees, from any and all liabilities arising from any erroneous or mitted information that may be obtained and disseminated pursuant to this release.

I certify that I have reviewed the forgoing information supplied to me and that it is true and correct to the best of my knowledge. I also authorize that a copy of the release be as valid as an original.

Applicant Signature: _____

Date of Birth (Mo. /Day/Yr.): _____ Date: _____

The area below must be completed before background check will be performed. The EMS HR Representative will fax this form to the CBS Corporate Cincinnati office. Provide the EMS Employment Application if the education and/or past & present employment verification will be checked.

EMS HR Representative Name: _____

EMS Phone Number: _____ Fax: _____ Date: _____

HR Representative's Confirmation of Applicants Name: _____

Confirm SS#: _____ Confirm Date of Birth: _____

EMS Client: _____

CHECK DESIRED OPTIONS

Conviction History _____ Workers' Compensation _____ Credit _____
Motor Vehicle _____ Employer Verification _____ Education _____