

Sirna & Sons Produce is a Drug Free Work Place; All Applicants will be required to successfully pass a drug test before given a conditional offer of employment.



Application for Employment Personal Information

First Name	Middle	Last Name
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Present Address	City	County	State	How Long?
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Zip Code	Telephone Number	Social Security Number
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Prior Address"	City	County	State	How Long?
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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
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What date are you available for employment?

Have you ever applied here before?	YES/NO
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Location Name: Ravenna/ Norwalk	When?
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Are you presently on layoff or leave of absence from any other company?	YES/NO
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Have you ever been convicted of any law violation or have you forfeited collateral (i.e. bond) (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment). YES/NO

YOU MAY OMIT: /1) Traffic violations in which a fine of \$100.00 or less was imposed (unless the violation involved alcohol or drugs) and /2) Any offense committed before your eighteenth (18th) birthday which was finally adjudicated in a juvenile court or under a youth offender law.

If yes, please state date of such offense(s), place(s) or occurrence, court(s) involved, and action(s) taken:

If yes, explain:

Do you have any agreements with another employer that might affect your employment here?	YES/NO
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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

Please indicate the times you are available to work in the following table:
PLEASE NOTE: THIS IS AN AVAILABILITY SHEET NOT A REQUEST SHEET

SUNDAY	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

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	Did you Graduate? YES/NO
College: _____ City, State: _____	Graduated* YES/NO	Degree: _____ Average Grade: _____ Major: _____
Other Job-related Schooling, Licenses, Certifications, etc:		Expiration Date:
(1)	(1)	
(2)	(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?
 Full-Time _____ Part-Time _____ Seasonal _____
 \$ _____

What is your minimum salary requirement?
 \$ _____

For what type of position are you applying for?
 1st (7:00-3:00) _____ 2nd (4:00-12:30) _____ 3rd (10:00-?) _____

What shifts do you prefer?

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

Current Sirna Employee Referral

Any Sirna & Sons Employee who has referred you to the job will receive money as part of our referral program, should you stay for at least 90 days.

Employee Information:	Full Name	Department (if known)	Relation

As an applicant for employment, I understand the following:

- 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 later.
- After an offer of employment has been extended, I will be required to submit to a physical examination (drivers). I will be required to submit to a drug screen, to determine my physical ability to perform my job duties with or without accommodation.
- My employment is contingent upon the result of this examination and drug screen. If the results of the physical examination 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.
- If my application for employment is accepted, the effective date of employment shall be the time I actually begin 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 not 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.
- 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 gov.sirna.com 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: _____

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 Licensed: _____ State of Issuances _____

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 statues, 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 Cinnccinnati 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 _____

EMS

Employment Management Services

NAME OF FORM: Fair Credit Reporting Act Disclosure & Release, [5-PRE]

PURPOSE: To verify the applicants statements regarding their criminal, Employment Verification, Driving Records, Education, Credit, Motor vehicle and/or Workers Compensation History.

WHO COMPLETES IT: Applicant/Employment Interviewer

WHEN TO COMPLETE: When the employment interviewer is ready to make a job offer, typically after the application for employment has been filled out and the initial interview is complete.

Due to the cost of the service, background checks should only be done when there is intent to hire

HOW TO COMPLETE: The Applicant is to print the following information on the appropriate lines: Name, Street Address, City, State, Zip Code, Social Security Number, Date of Birth, Driver's License Number and State of Issuance.

Client checks the appropriate box(es) to indicate the service(s) to perform

THE COST OF A BACKGROUND CHECK: The cost will vary depending on the category(ies) selected.

HOW TO PAY FOR THIS SERVICE: You will be billed through your EMS Payroll invoice.

WHERE TO SEND AFTER COMPLETION: Mail or fax the form to your EMS HR Specialist, along with the completed EMS Employment Application.