

**Midwest Foods**  
**3100 W. 36th Street**  
**Chicago, IL 60632**

**Application for Employment**

This application is good for 60 days.

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, citizenship status, ancestry, age, sexual orientation, marital status, military status, order of protection status, unfavorable discharge from military service, disability, or any other prohibited basis of discrimination under applicable local, state and federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Date of application \_\_\_\_\_

**(PLEASE PRINT)**

POSITION(S) APPLIED FOR:

Sales     Clerical     Managerial     Driver     Warehouse     Other \_\_\_\_\_

FULL NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Full Middle) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (How Long) \_\_\_\_\_  
                    Number      Street      City      State      Zip Code

Addresses For The Past Three Years	▶ _____ (How Long) _____
	▶ _____ (How Long) _____
	▶ _____ (How Long) _____

YOUR Phone Number: (\_\_\_\_) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you filed an application with Midwest Foods before?     Yes     No.    If yes, give date \_\_\_\_\_

Have you ever been employed with Midwest Foods before?     Yes     No.    If yes, give date \_\_\_\_\_

Are you employed now?     Yes     No.    May we contact your present employer?     Yes     No.

Are you prevented from lawfully becoming employed in this country?     Yes     No.

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with applicable law. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work     Full time     Part-Time     Seasonal     Shift Work     Temporary

Are you on a lay-off and subject to recall?     Yes     No.    Can you travel if a job requires it?     Yes     No.

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate, for example, race, color, religion, disability, age, sex or national origin.) \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and are not previous employers:

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**EDUCATION:**

Please list education or specialized experience, which relates to the position(s) for which you are applying. Exclude names or terms, which indicate, for example, race, color, religion, sex, disability or national origin.

	HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed (circle)												
School Name & Location												
Diploma/Degree												
Describe Course of Study												
Describe specialized training, apprenticeship, skills, and extra-curricular activities.												

**EMPLOYMENT EXPERIENCE:**

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed. Please use a separate sheet of paper if additional space is needed.

Employer:	Dates Employed		Work Performed
Address: _____ (City)_____ (State)_____ (Zip)_____	From	To	
Job Title:	Hourly Rate/Salary		
Supervisor:		Final	
Reason For Leaving:			
Driver applicants only: Were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver applicants only: Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Dates Employed		Work Performed
Address: _____ (City)_____ (State)_____ (Zip)_____	From	To	
Job Title:	Hourly Rate/Salary		
		Final	
Supervisor:			
Reason For Leaving:			
Driver applicants only: Were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver applicants only: Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the alcohol and controlled substance testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**OTHER:**

Yes  No Have you served in the United States Military? If yes, what Branch? \_\_\_\_\_ From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special skills and qualifications acquired from employment or other experiences: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful in considering your application: \_\_\_\_\_

\_\_\_\_\_

This certifies that this application and the accompanying addendums were completed by me and that all entries on these documents and information in these documents are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application and the addendums, and I understand that any false or misleading information provided may result in my immediate discharge, if I am hired, regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I understand that any job offer would be contingent upon successful completion of a post-offer, pre-employment physical examination by the Company's appointed physician. I understand a drug or alcohol test is required for most positions. A background check is also required. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability, which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**ADDENDUM FOR: ADMINISTRATIVE APPLICANTS**

**SPECIAL SKILLS AND QUALIFICATIONS:**

1. Professional societies and honors? \_\_\_\_\_  
\_\_\_\_\_

2. Professional licenses and certifications? \_\_\_\_\_  
\_\_\_\_\_

3. Check which skills or training you have in the following areas.

Typing \_\_\_\_\_ w.p.m.

Dictaphone

Data Processing

Shorthand \_\_\_\_\_ w.p.m.

Calculator/Adding Machine

PC Software

Other \_\_\_\_\_

**ADDENDUM FOR: DRIVER APPLICANTS**

Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

**EXPERIENCE:**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES/HOURS
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Material Handling Equip.				

Yes  No Have you EVER been denied a license, permit or privilege to operate a motor vehicle? If yes, where \_\_\_\_\_  
Why? \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No Is your license to drive suspended or revoked at this time, in any state? If yes, where \_\_\_\_\_  
Why? \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No Has any license, permit or privilege EVER been suspended or revoked? If yes, where \_\_\_\_\_  
Why? \_\_\_\_\_ When \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes  No Is your driving privilege limited in any way such as probation, area of operation, limitations of hours, etc., at  
this time?  
If yes, why? \_\_\_\_\_

Yes  No Are you familiar with D.O.T. Motor Carrier Safety Regulations?

Yes  No Do you agree to follow them?

List all unexpired commercial drivers' licenses: State \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ License No. \_\_\_\_\_

**LIST ACCIDENTS FOR PAST THREE YEARS**

DATE	WHERE	NATURE OF ACCIDENT (Head-On, Rear-End, etc)	No. OF INJURIES	FATALITIES	TYPE OF VEHICLE YOU WHERE DRIVING



**MOVING VIOLATIONS AND FORFEITURES FROM PAST THREE YEARS**

DATE	WHERE	CHARGE	PENALTY

**IMPORTANT**

I understand that the information in this application and addendum will be used and that prior employers will be contacted for the purpose of investigating my safety performance history information as required by Sec. 391.23 of Motor Carrier Safety Regulations. I further understand the following:

- I have the right to review information provided by previous employers.
- I have the right to have errors corrected by the previous employer and to have that previous employer re-send the corrected information to Midwest Foods.
- If the previous employer and I cannot agree on the accuracy of the information, I have the right to have a rebuttal statement attached to the alleged erroneous information.
- If I would like to review previous employer-provided information, I must submit a written request to Midwest Foods no later than 30 days after being employed or being notified of denial of employment.

I authorize all former employers and any other persons to provide Midwest Foods with any information, evaluations, and records concerning me, and release Midwest Foods from any and all claims and damages, and causes of action that may thereafter arise from the provision of information, evaluations or records pursuant to this authority. I understand and agree that any false statement made on this application and/or addendums may result in termination. I certify that this application and addendum were completed by me and that all entries therein are true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_