

**Midwest Foods**  
**3100 W. 36<sup>th</sup> 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<br>For The<br>Past Three<br>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 |
|---|-------------|--------------------|-----------------------|
| Years Completed (circle)  | 9 10 11 12  | 1 2 3 4            | 1 2 3 4               |
| 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:<br>Address:<br>(City) _____ (State) _____ (Zip) _____<br>Telephone: ( ) _____   | Dates Employed |    | Work Performed |
|---|----------------|----|----------------|
|   | From           | To |                |
| Job Title:  |                |    |                |
| Supervisor:   |                |    |                |
| Reason for Leaving:   |                |    |                |
| Driver applicants only: Were you subject to Federal Motor Carrier Safety Regulations?<br><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:<br>(City) _____ (State) _____ (Zip) _____  | From           | To |                |
|   |                |    |                |
| Telephone: ( )  |                |    |                |
| Job Title:  |                |    |                |
| Supervisor:   |                |    |                |
| Reason for Leaving:   |                |    |                |
| Driver applicants only: Were you subject to Federal Motor Carrier Safety Regulations?<br><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:<br>(City) _____ (State) _____ (Zip) _____  | From           | To |                |
|   |                |    |                |
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|   |                |    |                |
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|   |                |    |                |
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|   |                |    |                |
|---|----------------|----|----------------|
| Employer:   | Dates Employed |    | Work Performed |
| Address:<br>(City) _____ (State) _____ (Zip) _____  | From           | To |                |
|   |                |    |                |
| Telephone: ( )  |                |    |                |
| Job Title:  |                |    |                |
| Supervisor:   |                |    |                |
| Reason for Leaving:   |                |    |                |
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|   |                |    |                |
|---|----------------|----|----------------|
| Employer:   | Dates Employed |    | Work Performed |
| Address:<br>(City) _____ (State) _____ (Zip) _____  | From           | To |                |
|   |                |    |                |
| Telephone: ( )  |                |    |                |
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|   |                |    |                |
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| Employer:   | Dates Employed |    | Work Performed |
| Address:<br>(City) _____ (State) _____ (Zip) _____  | From           | To |                |
|   |                |    |                |
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| 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 |                |    |                |

**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: \_\_\_\_\_

**APPLICANT'S STATEMENT**

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 post-offer, pre-employment 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 \_\_\_\_\_

**FOR MANAGEMENT USE ONLY**

Interviewed \_\_\_\_\_

Not Hired \_\_\_\_\_

Hired \_\_\_\_\_ Start Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

Department Name \_\_\_\_\_ Position \_\_\_\_\_

Full time  Part time  Temporary, if so, last day of employment: \_\_\_\_\_

Salary: Six Days  Salary: Five Days  Hourly: Rate: \_\_\_\_\_ Weekly Scheduled Hours: \_\_\_\_\_

Departmental Approval: \_\_\_\_\_ Approved By: \_\_\_\_\_

**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<br>(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<br>(Head-On, Rear-End, etc.) | NO. OF<br>INJURIES | FATALITIES | TYPE OF VEHICLE<br>YOU WERE 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 hereafter 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 \_\_\_\_\_