

EMPLOYMENT APPLICATION

Complete the entire application. Omission of any information (i.e., dates of employment, past employers, phone numbers, etc.) may delay the processing of your application.



DATE OF APPLICATION: _____ DATE AVAILABLE: _____

LAST: _____ FIRST: _____ MI: _____ SOCIAL SECURITY # _____ - _____ - _____
(Optional)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NO.: (_____) _____ ALTERNATE PHONE NO.: (_____) _____

ARE YOU 18 YEARS OR OLDER? YES NO DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO
(Upon employment, proper I-9 Employment Eligibility Verification will be required.)

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DEGREE OF DIPLOMA
HIGH SCHOOL		
TECH SCHOOL		
COLLEGE		

POSITION APPLIED FOR: _____ WORK AVAILABILITY: DAY EVENING

HAVE YOU EVER WORKED FOR KEANY PRODUCE CO.? YES NO IF YES, WHEN? _____

REFERRAL SOURCE: NEWSPAPER AD ONLINE AD EMPLOYEE JOB CENTER OTHER _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES NO

IF YES, DESCRIBE IN FULL: _____

EQUIPMENT EXPERIENCE (To be completed by applicant applying for a driver position.)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, TRACTOR)	DATES FROM / TO	APPROXIMATE # MILES	LIST STATES OR REGIONS OPERATED IN FOR THE LAST FIVE (5) YEARS: _____ HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO HAS YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
STRAIGHT TRUCK GVW BELOW 26,000 LBS.				
CDL TRUCK GVW 26,000 LBS. AND ABOVE				
TRACTOR TRAILER				
OTHER				

EMPLOYMENT HISTORY (List your current or most recent employer first.)

EMPLOYER: _____	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY: _____
ADDRESS _____	FROM: _____	
PHONE #: _____	TO: _____	
JOB TITLE: _____	HRLY. RATE/SALARY	REASON FOR LEAVING: _____
SUPERVISOR: _____	STARTING: _____	
TITLE: _____	FINAL: _____	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER: _____	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY: _____
ADDRESS _____	FROM: _____	
PHONE #: _____	TO: _____	
JOB TITLE: _____	HRLY. RATE/SALARY	REASON FOR LEAVING: _____
SUPERVISOR: _____	STARTING: _____	
TITLE: _____	FINAL: _____	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY *(continued)*

EMPLOYER: _____	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY: _____
ADDRESS _____	FROM: _____	_____
PHONE #: _____	TO: _____	_____
JOB TITLE: _____	HRLY. RATE/SALARY	REASON FOR LEAVING: _____
SUPERVISOR: _____	STARTING: _____	_____
TITLE: _____	FINAL: _____	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<hr/>		
EMPLOYER: _____	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY: _____
ADDRESS _____	FROM: _____	_____
PHONE #: _____	TO: _____	_____
JOB TITLE: _____	HRLY. RATE/SALARY	REASON FOR LEAVING: _____
SUPERVISOR: _____	STARTING: _____	_____
TITLE: _____	FINAL: _____	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EXPLAIN ANY GAPS IN EMPLOYMENT OF 3 MONTHS OF MORE: _____

AGREEMENT

I certify that all of my answers in this Employment Application are true and complete and may be relied upon by Keany Produce Co. ("The Company"). I understand that this Application will remain active for ninety (90) days. At the conclusion of that time, if I have not heard from Employer, and I still wish to be considered for employment, then it will be necessary to fill out a new Application.

I understand that any false or misleading answer(s) in this Employment Application or any other pre-employment inquiry will be grounds for rejection of my application, or immediate termination if I have become employed.

I authorize the Company to investigate and verify my answers and I give the Company permission to contact previous employers, schools, references, and others in its investigation. I release both the Company and the party providing the information from any liability for this purpose.

The Company provides its employees a DRUG FREE WORKPLACE, and I understand that the Company may require drug and alcohol testing as a condition of employment, or as a condition of continued employment, subject to applicable federal and state laws, and I consent to any such testing.

If employed, I will comply with all of the Company policies and rules found in any employee handbook, Company policy manual, or other communications for the Company.

I understand that the terms and conditions of my employment can be changed with or without cause at any time by the Company, and that my employment may be ended at any time, for any reason, by the Company or by me.

I agree not to use or disclose outside my employment with the Company, any confidential information, trade secrets, or proprietary information, whatsoever its form, obtained in connection with my employment with the Company.

In connection with your application for employment with Keany Produce Co., your social security number will be verified. Keany Produce Co. also may obtain a background report about you, which may include, but is not limited to, information regarding your credit standing, driving record, history of criminal conviction(s), personal characteristics and general reputation.

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS

Applicants Signature: _____ Date: _____

Interviewed By: _____ Date: _____

KEANY PRODUCE COMPANY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL OR VETERAN STATUS, CITIZENSHIP, NATIONAL ORIGIN ANCESTRY, SEXUAL ORIENTATION, HANDICAP OR DISABILITY, OBLIGATION TO SERVE IN THE ARMED FORCES OF THE U.S. OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS.