



# APPLICATION FOR EMPLOYMENT

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Superior Foods Company ("The Company") is an equal opportunity employer. It is the policy of the Company to afford equal employment opportunity regardless of race, religion, color, nation origin, sex, age, marital status, height, weight, familial status, veteran status, or disability. Michigan Law requires that a person with a disability requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

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

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, FOR WHAT REASON: \_\_\_\_\_

LIST ANY MOVING VIOLATIONS DURING THE LAST 3 YEARS: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OLD? YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER NAME(S), IF ANY, UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET)

(CITY) (STATE) (ZIP CODE)

TELEPHONE NO.: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_

(HOME) \_\_\_\_\_ YEARS OF RELATED EXPERIENCE: \_\_\_\_\_

(CELL)

EMPLOYMENT DESIRED: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ OTHER \_\_\_\_\_

(EXPLAIN) \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

ARE YOU WILLING TO WORK ANY SHIFT? YES \_\_\_\_\_ NO \_\_\_\_\_ (EXPLAIN) \_\_\_\_\_

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES \_\_\_\_\_ NO \_\_\_\_\_

2. ARE THERE ANY FELONY OR MISDEMANOR CHARGES PENDING AGAINST YOU? YES \_\_\_\_\_

IF YOU ANSWERED YES TO 1 OR 2 ABOVE, COMPLETE THE FOLLOWING: NO \_\_\_\_\_

DATE	OFFENSE	PLACE	DISPOSITION

U.S. MILITARY SERVICE

BRANCH OF SERVICE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RANK: \_\_\_\_\_ DISCHARGE: \_\_\_\_\_

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT (NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP TO YOU): \_\_\_\_\_

**EDUCATION:**

INSTITUTION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	MAJOR FIELD	DEGREES AWARDED

**WORK EXPERIENCE**

PLEASE LIST ALL PREVIOUS EMPLOYMENT AND BEGIN BY LISTING YOUR LAST OR PRESENT EMPLOYMENT FIRST, ATTACHING A RESUME IS NOT SUFFICIENT

EMPLOYMENT DATES	COMPANY	POSITION	DUTIES	REASON FOR LEAVING	WAGE OR SALARY
FROM: TO:	NAME: ADDRESS:				
FROM: TO:	NAME: ADDRESS:				
FROM: TO:	NAME: ADDRESS:				

REFERENCES: PLEASE PROVIDE THE NAMES OF THREE (3) PEOPLE NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR MORE THAN ONE YEAR.

NAME	ADDRESS	TELEPHONE NO.

**AGREEMENT (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)**

I affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. *(Please initial)*\_\_\_\_\_

I request that previous employers contacted by Superior Foods Company in connection with this application fully respond to all inquiries concerning such previous employment and specifically waive prior written notice of disclosure of my personal record information disciplinary reports, letters of reprimand, or other disciplinary action. In consideration of the acceptance of my application, I release Superior Foods Company and previous employers of any claimed liability arising out of such response and disclosure. *(Please initial)* \_\_\_\_\_

If offered employment, I agree and consent to provide blood and urine specimens for alcohol and drug-screening analysis. I understand and agree that Superior Foods Company may require me to undergo a physical examination. I also consent to an investigation of my driving record. I understand that any offer of employment by Superior Foods Company will be contingent on the results of such investigation, alcohol and drug screening, and physical examination. *(Please initial)*\_\_\_\_\_

I understand that if hired, I will be an at-will employee and that my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either Superior Foods Company or myself. I further understand that no supervisor or representative of Superior Foods Company, other than the President, has any authority to enter into any agreement contrary to the foregoing and that such agreement must be in writing and signed by the President. In consideration of such employment, I agree to confirm to the rules and policies of the company. *(Please initial)*\_\_\_\_\_

Dated: \_\_\_\_\_, 2025

\_\_\_\_\_  
Applicant