

## HETZEL-SANFILIPPO, INC. EMPLOYMENT APPLICATION

*Note: This application is valid for 60 days. If you wish to be considered for employment after this 60 day period, a new application must be completed.*

It is the policy of this company to provide equal employment opportunity to all job applicants and employees, without regard to race color religion, gender, national origin, age or disability. In addition, it is the policy of this company to provide a reasonable accommodation to all applicants and employees who are otherwise qualified to perform the essential functions of the job.

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Present

Address: \_\_\_\_\_  
Street City State Zip

Permanent

Address: \_\_\_\_\_  
Street City State Zip

Phone No: \_\_\_\_\_ Are you 18 years or older? YES \_\_\_ NO \_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary \_\_\_\_\_  
Desired: \_\_\_\_\_

If So May We Inquire of  
Are You Employed Now? \_\_\_\_\_ Your Present Employer? \_\_\_\_\_

Ever Applied to  
This Company Before? \_\_\_\_\_ If so, where? \_\_\_\_\_ When? \_\_\_\_\_

<b>EDUCATION</b>	Name and	No. of	Did You Subjects	
	Location	Years	Graduate?	Studied
	<u>of School</u>	<u>Attended</u>		
Grammar				
High School				
College				
Trade or				
Business				

### GENERAL

Subjects of special study or research work: \_\_\_\_\_  
Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_  
Present Membership in National Guard or Reserves: \_\_\_\_\_

### FORMER EMPLOYERS

(List last four, starting with last one)

Date/Month for and Year leaving	Reason Name/Address of Employer	Name of Supervisor	Salary	Position
From To				
From To				
From To				
From To				

### REFERENCES

(Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Acquainted	Year
1. _____				
2. _____				
3. _____				

In case of  
Emergency Notify: \_\_\_\_\_

Name	Address
Phone: _____	

Have you ever been convicted of a crime, other than minor traffic offenses: \_\_\_\_\_ If so,  
please explain \_\_\_\_\_

*Note: A prior conviction will not necessarily bar you from employment; however the type of conviction and when it occurred will be considered.*

### CERTIFICATION

"I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that, absent a written contract signed by the President of the company, I will remain an at-will employee and can be terminated at any time without any notice.

I authorize investigation of the statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information such references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that if the company decides to engage an investigative consumer reporting agency to report on my credit and personal history, the company will provide me, at my request, with the name and address of the agency so that I can obtain from them the nature and substance of the information contained in the

report.”

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Date

Signature

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**DO NOT WRITE BELOW THIS LINE**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Hire: Yes \_\_\_\_\_ No \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Salary: \_\_\_\_\_

Date Reporting to Work: \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**HETZEL-SANFILIPPO, INC.**  
**TEAR-OFF SHEET**  
**PROVIDING**  
**ADDITIONAL APPLICANT DATA**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you also fill out this tear-off sheet.

This data is for periodic government reporting and will be kept in a confidential file separate from your Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle Area Code

Address \_\_\_\_\_  
 Number Street City State Zip Code  
 \_\_\_\_\_  
 Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_  
 Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In  
                   ☐ Employment Agency ☐ Other \_\_\_\_\_

Check one: ☐ Male ☐ Female

Check one:     ☐ White   ☐ Black   ☐ Hispanic  
                      ☐ American Indian/Alaskan Native   ☐ Asian/Pacific Islander

Check if any of the following are applicable:  
☐ Vietnam Era Veteran   ☐ Disabled Veteran   ☐ Other Disabled Individual