

**Performance Foods Corp.**  
**441 Lexington Ave. Mansfield, OH 44907-0643**

**HOURLY EMPLOYMENT APPLICATION**

An equal opportunity employer

**CONTACT DATA**

NAME (Last, First, Middle)			NAME YOU WISH TO BE CALLED
STREET ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

**JOB INTERESTS**

IN WHAT TYPE WORK ARE YOU INTERESTED?	EXPECTED EARNINGS PER WEEK \$	HOW WERE YOU REFERRED?
HAVE YOU EVER WORKED FOR US BEFORE? YES <input type="radio"/> NO <input type="radio"/> Date	HAVE YOU FRIENDS OR RELATIVES WORKING FOR US? YES <input type="radio"/> NO <input type="radio"/>	IF SO, WHOM?

**GENERAL**

STARTING WAGE DESIRED \$ PER HOUR	DESIRED NUMBER OF HOURS PER WEEK	DATE AVAILABLE TO START				
INDICATE DAYS AND TIMES YOU ARE AVAILABLE TO WORK						
MONDAY FROM-TO	TUESDAY FROM-TO	WEDNESDAY FROM-TO	THURSDAY FROM-TO	FRIDAY FROM-TO	SATURDAY FROM-TO	SUNDAY FROM-TO

**PERSONAL DATA**

ARE YOU OVER THE AGE OF 15? YES <input type="radio"/> NO <input type="radio"/>	IN EVENT OF EMERGENCY NOTIFY: NAME	
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="radio"/> NO <input type="radio"/>	ALIEN REGISTRATION NUMBER (IF APPLICABLE)	ADDRESS
ARE THERE TIMES OR DAYS YOU CAN NOT WORK? YES <input type="radio"/> NO <input type="radio"/> IF YES, DESCRIBE.	CITY	
DO YOU PREFER TO WORK PART TIME? YES <input type="radio"/> NO <input type="radio"/> IF YES, LIST THE TIME AND DAYS YOU PREFER.	STATE	ZIP
	TELEPHONE NUMBER	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="radio"/> NO <input type="radio"/> IF YES, DESCRIBE NATURE OF CRIME, DATE AND PLACE OF CONVICTION, AND DISPOSITION OF CASE		

**EDUCATIONAL HISTORY**

TYPE OF SCHOOL	NAME OF SCHOOL	CITY AND STATE	MAJOR	CIRCLE NO. OF YRS COMPLETED	TYPE OF DEGREE EARNED	GRADE POINT AVERAGE
HIGH SCHOOL				9 10 11 12		
COLLEGE				1 2 3 4		
OTHER				1 2 3 4		

**CLERICAL SKILLS**

TYPE       CASH REGISTER       TEN KEY ADDING MACHINE       CALCULATOR       COMPUTER

**PERSONAL REFERENCES**

LIST THE NAMES OF THREE PERSONS, NOT RELATIVES OR FORMER EMPLOYEES, WHO HAVE KNOWN YOU AT LEAST TWO YEARS			
NAME	ADDRESS	OCCUPATION	PHONE

# MILITARY HISTORY

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? YES <input type="radio"/> NO <input type="radio"/>	DATES OF SERVICE			WEEKLY SALARY	TITLE / DUTIES
	FROM	MONTH	YEAR	STARTING	REASON FOR LEAVING
	TO	MONTH	YEAR	PRESENT/FINAL	NAME OF IMMEDIATE SUPERVISOR

# EMPLOYMENT HISTORY

**PLEASE READ CAREFULLY:** Begin with present or most recent employer and list all jobs you have held for at least the past five years. Include summer and part time jobs.

I	EMPLOYERS NAME	DATES OF EMPLOYMENT			WEEKLY SALARY	TITLE / DUTIES
	STREET ADDRESS	FROM	MONTH	YEAR	STARTING	REASON FOR LEAVING
	CITY STATE	TO	MONTH	YEAR	PRESENT/FINAL	NAME OF IMMEDIATE SUPERVISOR

II	EMPLOYERS NAME	DATES OF EMPLOYMENT			WEEKLY SALARY	TITLE / DUTIES
	STREET ADDRESS	FROM	MONTH	YEAR	STARTING	REASON FOR LEAVING
	CITY STATE	TO	MONTH	YEAR	FINAL	NAME OF IMMEDIATE SUPERVISOR

III	EMPLOYERS NAME	DATES OF EMPLOYMENT			WEEKLY SALARY	TITLE / DUTIES
	STREET ADDRESS	FROM	MONTH	YEAR	STARTING	REASON FOR LEAVING
	CITY STATE	TO	MONTH	YEAR	FINAL	NAME OF IMMEDIATE SUPERVISOR

IV	EMPLOYERS NAME	DATES OF EMPLOYMENT			WEEKLY SALARY	TITLE / DUTIES
	STREET ADDRESS	FROM	MONTH	YEAR	STARTING	REASON FOR LEAVING
	CITY STATE	TO	MONTH	YEAR	FINAL	NAME OF IMMEDIATE SUPERVISOR

V	EMPLOYERS NAME	DATES OF EMPLOYMENT			WEEKLY SALARY	TITLE / DUTIES
	STREET ADDRESS	FROM	MONTH	YEAR	STARTING	REASON FOR LEAVING
	CITY STATE	TO	MONTH	YEAR	FINAL	NAME OF IMMEDIATE SUPERVISOR

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES <input type="radio"/> NO <input type="radio"/>	IF NOT, LIST BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.
---	--

**READ CAREFULLY, AND SIGN:** I certify that all statements given on this application are correct, and understand that falsification, omission, or misrepresentation in this or any other personnel record may result in my dismissal. I authorize my former employers and other individuals to give information concerning me, whether or not it is part of their written record, and I release them and their companies from any liability whatsoever. I understand that the above noted reference inquiries will be kept confidential and will not be released to persons outside this company without my written consent. The following credit & reference check authorization is required by federal law to protect the rights of applicants when checks are made by non-performance Foods corporation agencies. I authorize Performance Foods Corp or whichever service the company engages for this purpose, to obtain, prepare, furnish, and use credit reports concerning me. Upon written request, additional information as to nature and size of the investigation will be provided. Performance Foods Corporation employs on an at-will basis. Employment may be terminated by the company or employee with or without cause.

I have a sincere interest in gaining employment with Performance Foods Corp.

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