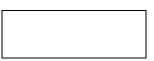


Sunnyway Foods Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

	DAT	ſE		
First	Middl	le		Maiden
Street	City S	State	Zip	
	Social Security	y No		
	Days/hou	urs avail	able to work	
	Mon		_ Fri	
	Can you	work ni	ights?	
□PART-TI	ME ONLY		L- OR PART-T	IME
	First Street	First Midd Street City S Social Securit Days/hou No Pref_ Mon Tue Wed	First Middle Street City State Social Security No. Days/hours avail No Pref Mon Wed Can you work night	First Middle Street City State Zip Social Security No. — — — Days/hours available to work No Pref Thur Mon Fri Tue Sat Wed Sun Can you work nights?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

🖵 Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

🛛 No

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	APPLIC	ATION F	OR EMPLO	YMENT			
DO YOU HAVE A DRIVER'S LICE	NSE? Ses	🗖 No					
What is your means of transportati	on to work?						
Driver's license number		of issue _		Operator	Comm	nercial (CDL)	Chauffeur
Expiration date							
Have you had any accidents during Have you had any moving violation			rs?			ny? ny?	
		OFFI	CE ONLY				
□ Yes Typing □ No	_WPM	10-key	□ Yes □ No	Word Proces	ssing	□ Yes □ No	WPM
Personal I Yes PC Computer I No Mac							
Please list two references other the Name Position Company Address Telephone () An application form sometimes ma space below to summarize any ad which you are applying.	kes it difficult for a	n individu	Name Position Company Address Telephon	e () ately summariz	ze a compl	lete backgrou	nd. Use the

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APPLICA	TION FOR EMPI	LOYMEN	IT	
	MILITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?	🗅 Yes	🗆 No		
ARE YOU NOW A MEMBER OF THE NATIONAL GU	ARD?	Yes	🛛 No	
Specialty	Date Entered			_ Discharge Date

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** Work Experience

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this

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APPLICATION FOR EMPLOYMENT

WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learn company.	ned, advancements or pro	motions while you wo	rked at this

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this	

May we contact your present employer?	Yes	🛛 No
Did you complete this application yourself	🛛 Yes	🗆 No
If not, who did?		

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ______ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ______, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and ______ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.