

# Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**References** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_

GENERAL MANAGER \_\_\_\_\_



## Job Description Night Operations Personnel

All efforts and activities of this position shall be directed toward fulfilling the objectives and goals of the Company.

Reports to Night Operations Supervisor.

### I. FUNCTIONS

1. Adhere to all Company policies and put into practice the principles of the Pocono Produce Company Mission Statement.
2. Adhere to all OSHA Regulations.
3. Wear safety belts and attach tether when operating order picker.
4. Pack all orders correctly, properly and completely.
5. Receive correct products to match Purchase Orders.
6. Early & late trucks are to be worked into the daily schedule
7. Must be able to lift up to 100 lbs.
8. Must be able to wheel hand trucks with up to 300 lbs. and push hand carts with up to 600 lbs. of product.
9. Must be able to work in warehouse, refrigerator and freezer – going from heat to cold and cold to heat.
10. Must be able to drive fork lifts, power jacks and order pickers – standing sitting or walking.
11. Engage safety pin and turn off dock plates when not in use.
12. Rotate all discharged forklift/jack batteries as needed.
13. Stack all empty pin and turn off dock plates when not in use.
14. Receive all returns & RFP's daily: designate correct information and weights, sign form and give to Supervisor.
15. Be willing to work unscheduled hours when needed – emergency calls.
16. Report all damaged produce to Supervisor for Daily Lost Inventory Report.
17. Clean all damaged and spilled products immediately.
18. Keep all areas free of debris at all times.
19. Monitor quality control of all products daily.
20. Develop and maintain on-going product knowledge.
21. Wear Company uniforms at all times.
22. Swipe badge daily.

Do you have any pre existing conditions which would prevent you from doing the job as described?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Pocono  
ProFoods**

**Business Behavior Questionnaire**

NAME: \_\_\_\_\_

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

Please check appropriate box:

**TRUE OR FALSE:**

1. Customers' expectations should be the basis of my work performance?

- True  
 False

2. How many days per week is it acceptable to not show up for work?

- 0  
 1-2  
 3-5

3. How many days per week is it acceptable to be late for work?

- 0  
 1-2  
 3-5

**4. TRUE OR FALSE:**

If I am going to be late or absent, I should notify my supervisor/manager.

- True  
 False

**5. TRUE OR FALSE:**

It is appropriate to return phone calls from my supervisor/manager if they leave me a message.

- True  
 False

**6. TRUE OR FALSE:**

If you are having a tough day, is it acceptable to leave during your shift?

- True  
 False

**7. TRUE OR FALSE:**

At the completion of my shift, it is inappropriate to leave a mess for others to clean up?

- True  
 False

8. Giving proper notice for a resignation is?

- No notice  
 1 week  
 2 weeks



**Pocono**  
**ProFoods™**

**Voluntary Information Form**

**APPLICANTS**

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

In accordance with Federal Contract Compliance Programs we request the following information  
WHICH WILL BE KEPT CONFIDENTIAL.

Male      Female

White      Black      Hispanic      Asian or Pacific Islander      American Indian  
or Alaskan Native

Do you consider yourself disabled  Yes  No

Do you consider yourself impaired  Yes  No

Have you been or are you a member of a branch of a U.S. Armed Services?  Yes  No

Branch of Service \_\_\_\_\_

Service Date: From \_\_\_\_\_ To \_\_\_\_\_

Vietnam ERA Veteran (July '58 through April '75)?  Yes  No

**Other Eligible Veterans:**

Campaign Enduring Freedom      Yes      No

Campaign Badge      Yes      No

Expeditionary Medal      Yes      No

Persian Gulf War      Yes      No

Service Medal      Yes      No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I Do Not Wish To Volunteer Information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date