



**Pocono  
ProFoods™**

P.O. BOX 669 STROUDSBURG, PA 18360

**TO: Prospective Associate of Pocono ProFoods**

**FROM: Dana Ahnert, Director of Human Resources**

**Please be advised that in order to be considered for employment by the Company a drug test must be done. In order to pass the drug test for employment the Company requires that the results be negative with a concentrated specimen level.**

**Name Print** \_\_\_\_\_

**Name Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

570-421-4990 · 800-366-4550 · FAX 570-424-5790

# DRIVER'S APPLICATION FOR EMPLOYMENT

Company POCONO. PROFOODS

Address P.O. BOX 669

City STROUDSBURG State PA Zip 18360

(570) 421-4990

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone How Long?

Previous Addresses \_\_\_\_\_  
Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Street City State & Zip Code How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

REASON FOR TRANSFER \_\_\_\_\_ REASON FOR TRANSFER \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

REASON FOR TRANSFER \_\_\_\_\_ REASON FOR TRANSFER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_



**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

## Business Behavior Questionnaire



**Pocono  
ProFoods**

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



## Job Description Transportation Personnel

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

Reports to Transportation 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. Possess Valid CDL State Drivers license.
4. Adhere to CDL Regulations.
5. Drive in inclement conditions.
6. Perform Pre-trip and Post-trip inspection and address routine maintenance, including inspection of the refrigeration units which requires climbing a ladder approximately 12 feet high.
7. Must be able to lift up to 100 lbs.
8. Must be able to wheel hand trucks with up to 300 lbs. up and down steps, ramps, etc.
9. Must be able to work in  $-20^{\circ}$  temperature.
10. Must be able to climb in and out of delivery trucks – up to 24 inches from ground.
11. Monitor temperatures in trailer compartments during the delivery process.
12. Proper handling of product while loading and unloading and be responsive to customer's requests.
13. Check invoice with a check mark, item by item, as you off load the truck.
14. Write return slips correctly at the customer's location & give customer the yellow copy.
15. Make daily collections and complete daily truck recap reports.
16. Develop and maintain on-going product knowledge.
17. Perform pick-ups and backhaul when requested.
18. Assist in truck routing.
19. Flexible work schedule is required and perform emergency deliveries when asked.
20. Have knowledge of all operations departments and be willing to work in them if asked.
21. Wear Company uniforms.
22. Swipe time badge daily.

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

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Signature \_\_\_\_\_

Date \_\_\_\_\_