



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 _____
Last
First
Middle
Social Security No.

List your addresses of residency for the past 3 years.

Current Address: _____
Street
City

Previous Addresses:

	_____	Phone _____	How Long? _____
	State _____ Zip Code _____		
	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		PHONE NUMBER		
REASON FOR LEAVING				

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

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

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

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

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

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		
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.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____ (NAME) _____ (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
MOTORCOACH - SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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



**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



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.
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° 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. Must adhere to Food Safety Practices and Procedures.
14. Check invoice with a check mark, item by item, as you off load the truck.
15. Write return slips correctly at the customer's location & give customer the yellow copy.
16. Make daily collections and complete daily truck recap reports.
17. Develop and maintain on-going product knowledge.
18. Perform pick-ups and backhaul when requested.
19. Assist in truck routing.
20. Flexible work schedule is required and perform emergency deliveries when asked.
21. Have knowledge of all operations departments and be willing to work in them if asked.
22. Wear Company uniforms.
23. Swipe time badge daily.

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

Signature

Date



TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last

Social Security Number

hereby authorize:

Previous Employer: _____
Street: _____
City, State, Zip: _____
Job Title: _____

Email: _____
Telephone: _____
Fax No: _____

to release and forward the information requested concerning my alcohol and controlled substances testing records within the previous 3 years from _____
(date of employment application)

To:

Prospective Employer: Pocono ProFoods
Attention: Dana Ahnert Telephone: 570-421-4990
Street: Rt 191 & Chipperfield Dr., PO Box 669
City, State, Zip: Stroudsburg, PA 18360

In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email, or letter.

Prospective employers confidential fax number: 570-424-5271
Prospective employers confidential email address: HR@poconoprofoods.com

Applicants Signature

Date

This information is being requested in compliance with §40.25 and §391.23