



APPLICATION FOR EMPLOYMENT GRIFFIN INDUSTRIES, INC.

PERSONAL INFORMATION

(Please Print)

Name _____
Last
First
Middle

Other Names under which you have worked or attended school _____
Last
First
Middle

Present Address _____
Number
Street
City
State
Zip

Telephone (_____) _____ Social Security Number _____

If under 18 can you obtain a work permit? _____ yes _____ no

Position applied for _____ Minimum Salary Requirement _____

Are you interested in full time work? _____ Part time work? _____

Have you ever been employed here before? _____ yes _____ no; if yes give date _____

Are you prevented from lawfully becoming employed in this country because of your Immigration Status? _____ yes _____ no
 (Proof of citizenship or immigration status will be required upon employment)

On what date will you be available for work _____ Can you travel if the job requires it? _____ yes _____ no

Are you able to perform the essential functions of the job for which you are applying? __yes__ no

Military ____yes__ no Dates of service _____

Have you ever been convicted of a felony? _____ yes _____ no (if yes please explain) _____

WORK EXPERIENCE

List below all present and past employment beginning with your most recent, Attach listing of additional employers if necessary:

Name and address of last three employers	Dates employed	Work Performed	Reason for Leaving
Title: Telephone: Supervisor:	From _____ To _____		
	Pay Rate/Salary		
	Beginning _____ To _____		
Title: Telephone: Supervisor:	From _____ To _____		
	Pay Rate/Salary		
	Beginning _____ To _____		
Title: Telephone: Supervisor:	From _____ To _____		
	Pay Rate/Salary		
	Beginning _____ To _____		

Please describe any special skills or other qualifications that would help you perform the job duties for which you are applying:

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary	High School	College	Graduate/Other
School Name				
Years/Degree Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma Degree				
Describe Course of Study				

Describe any specialized training or skill you have developed: _____

(THIS SECTION NECESSARY FOR DRIVER APPLICANTS ONLY)

DRIVER QUALIFICATIONS

List any accidents or violations of motor vehicle laws or ordinances, other than parking violations, in which you were convicted during the past three years: _____

Have your driving privileges ever been denied, revoked or suspended?: _____ yes _____ no

If yes, explain _____

Do you have a valid drivers license? _____ License Number _____

Type; _____ State: _____ Expiration Date: _____

Are you at least 25 years old _____ yes _____ no

Please list the name, address and phone number of three personal references excluding former employers and relatives:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACKNOWLEDGEMENT

I hereby certify that all answers given herein are true and complete to the best of my knowledge. In the event of employment, **I understand that this application will become part of my employment record and** I understand that false or misleading information given in my application or interview may result in discharge. I understand also, that I will be required to abide by all rules and regulations of Griffin Industries, Inc., as amended, and that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at the option of either the Company or myself and that no employee, supervisor, manager or officer of Griffin Industries has the authority to enter into an employment contract, whether in written or oral form, contrary to this employment-at-will philosophy. I authorize all previous employers to release all information that may be available in my personnel files. I release Griffin Industries and all former employers from any liability as a result of the furnishing and receiving of this information. I authorize Griffin Industries to conduct a complete background investigation as may be necessary in arriving at an employment decision. I acknowledge that I will be required to pass a post-offer pre-employment physical examination and drug screening as a condition of initial employment and will be required to submit to periodic drug screening throughout the term of employment, if any, as deemed necessary by the Company.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or legal action relating to my service with Griffin Industries, Inc. or any of its subsidiaries shall be filed no more than (6) months after the date of the employment action that is the subject of the claim or legal action. I waive any statute of limitations to the contrary.

Signature of Applicant

Date