

# FESTIVAL FOODS

4357 N.E. CHOUTEAU TRAFFICWAY  
KANSAS CITY, MO 64117  
816/452-6803

EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Social Security No.: \_\_\_\_\_

Position(s) applied for? \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_

Would you prefer:  Part-time  Full-time

What days / hours are you available to work? \_\_\_\_\_

Were you previously employed by Festival Foods?  Yes  No

Give names of anyone you know who is working for Festival Foods (including friends and/or relatives):

\_\_\_\_\_

Summarize any special skills and qualifications acquired from employment or other experience:

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

## EDUCATION

School name and location

Highest grade  
completed

Degree or  
diploma

Major

Secondary: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever been suspended or discharged by a previous employer?  Yes  No

If "Yes," provide date(s) and details: \_\_\_\_\_

\_\_\_\_\_

**PRESENT AND PAST EMPLOYMENT**

*Beginning with your most recent position, list all present and past employment*

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Rate of pay.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_

Describe major functions of your job: \_\_\_\_\_

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

What would this employer say about you if they were called for a reference? \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Rate of pay.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_

Describe major functions of your job: \_\_\_\_\_

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

What would this employer say about you if they were called for a reference? \_\_\_\_\_

\_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Rate of pay.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_

Describe major functions of your job: \_\_\_\_\_

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

What would this employer say about you if they were called for a reference? \_\_\_\_\_

\_\_\_\_\_

Would you agree to a physical examination if paid for by the Company, if requested?  Yes  No

I hereby apply for employment with Festival Foods and state that:

1. The information contained in this application is true to the best of my knowledge and belief, and I understand and agree that any misrepresentation or false statement by me in connection with the application will constitute justifiable cause for Festival Foods not to employ me or, if employed, to terminate my employment for cause.
2. I agree to allow Festival Foods to obtain information for the purpose of background investigation both before and after employment.
3. I understand and agree that all information furnished in this application may be verified by Festival Foods. I authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Festival Foods all information relative to such verification and release such individuals, organizations and Festival Foods from any and all liability for any claim or damage resulting therefrom.
4. I agree to conform to the rules and regulations of Festival Foods and acknowledge that these rules and regulations may be changed at Festival Foods' option and without any prior notice to me.
5. I understand that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice, with or without cause.
6. I understand that my employment is conditioned upon the result of a drug screen test.
7. I understand that this application will remain active for a period of one (1) month from date and must thereafter be renewed in person.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_