

# COMMERCIAL FOOD SYSTEMS, INC.

## Application for Employment (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Legal Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Nickname/Name to be called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Present Complete Address \_\_\_\_\_

Permanent Complete Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a US Citizen or Authorized to Work in the United States \_\_\_\_\_

Are you Married \_\_\_\_\_ Number of Dependents \_\_\_\_\_

I understand and agree that I will be required to do a drug screen as a condition of hiring or continued employment

Position Desired: Warehouse / Driver / Other (Please Check)

Date you can start: \_\_\_\_\_ Salary Desired \_\_\_\_\_

### Education

Graduated High School Y / N If so from Where? \_\_\_\_\_

Went to College If so from Where? \_\_\_\_\_

Graduated College If so from Where? \_\_\_\_\_

Other Schooling If so What? \_\_\_\_\_

US Military or Naval Service If so what branch and Rank? \_\_\_\_\_

Are you currently a member of National Guard or Reserves? \_\_\_\_\_

### Former Employers (List below the last 3 Employers, Last Employer First)

	Start Date	End Date	Name & Address	Salary	Position	Reason for Leaving
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

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References (Give the names of 3 persons not related to you whom you have known for at least 1 year)

	Name	Phone	Address	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Physical Record:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? If so What? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

**In case of Emergency notify?** Please Provide: Name, Number and Relationship

“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 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 all parties from all liabilities for any damage that may result furnishing same to you.

I understand and agree that, If Hired, 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 prior notice.”

**Date:** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_

**Do Not Write Below Line**

**Interviewed by:** \_\_\_\_\_ **Hired:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Wage/Salary:** \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# COMMERCIAL FOOD SYSTEMS, INC.

August 25, 2020

To All Current and Prospective Employees:

Commercial Food Systems customers are primarily schools, daycares, and health care facilities. Some of these customers request us to obtain Criminal History and Background checks for any of our employees that may enter their buildings. In some instances we have to certify that the background checks have been done. I don't deem this to be an unreasonable request. Therefore, all new hire candidates and from time to time currently employed personnel will be subject to background checks. Please sign below acknowledging this communication and thereby giving us permission to obtain the background check. If requested, we will provide you a copy of whatever reports we obtain. We will retain a copy of the report in your personnel folder. If you have questions about this please contact me.

Thank you for your prompt attention to this request.

Anthony Gates, President  
Commercial Food Systems

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_