

EMPLOYMENT APPLICATION

Complete all sections of this application. Make no marks or notations elsewhere on the application unless specifically requested to do so.

DATE OF APPLICATION: _____ DATE AVAILABLE: _____

LAST: _____ FIRST: _____ MI: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NO.: (____) _____ ALTERNATE PHONE NO.: (____) _____

ARE YOU 18 YEARS OR OLDER? YES NO DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO
(Upon employment, proper I-9 Employment Eligibility Verification will be required.)

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DEGREE OF DIPLOMA
HIGH SCHOOL		
TECH SCHOOL		
COLLEGE		

POSITION APPLIED FOR: _____

SHIFT AVAILABILITY: FULL TIME PART TIME DAYS AVAILABLE _____ TIMES AVAILABLE _____

HAVE YOU EVER WORKED FOR KEANY PRODUCE CO.? YES NO IF YES, WHEN? _____

REFERRAL SOURCE: NEWSPAPER AD ONLINE AD EMPLOYEE WALK IN OTHER _____

EQUIPMENT EXPERIENCE *(To be completed by applicant applying for a driver position.)*

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANKER, TRACTOR)	DATES FROM/TO	APPROXIMATE # MILES	LIST STATES OR REGIONS OPERATED IN FOR THE LAST FIVE (5) YEARS: _____
STRAIGHT TRUCK GWW BELOW 26,000 LBS.				HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CDL TRUCK GWW 26,000 LBS. AND ABOVE				
TRACTOR TRAILER				HAS YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER				

EMPLOYMENT HISTORY (Provide a chronological listing of your work history covering at least the past ten years, also explain any gaps in your work history.)

EMPLOYER:	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY:
ADDRESS :	FROM:	
PHONE #:	TO:	
JOB TITLE:	HRLY. RATE/SALARY	REASON FOR LEAVING:
SUPERVISOR:	STARTING:	
TITLE:	FINAL:	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER:	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY:
ADDRESS :	FROM:	
PHONE #:	TO:	
JOB TITLE:	HRLY. RATE/SALARY	REASON FOR LEAVING:
SUPERVISOR:	STARTING:	
TITLE:	FINAL:	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER:	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY:
ADDRESS :	FROM:	
PHONE #:	TO:	
JOB TITLE:	HRLY. RATE/SALARY	REASON FOR LEAVING:
SUPERVISOR:	STARTING:	
TITLE:	FINAL:	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER:	DATES (MO./YR.)	DESCRIBE JOB DUTIES BRIEFLY:
ADDRESS :	FROM:	
PHONE #:	TO:	
JOB TITLE:	HRLY. RATE/SALARY	REASON FOR LEAVING:
SUPERVISOR:	STARTING:	
TITLE:	FINAL:	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

AGREEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of facts and understand that if any misrepresentation, omission, or falsification is discovered, it will constitute grounds for dismissal or my application for employment may be declined. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I understand that my failure to follow the application instructions may remove me from consideration for employment. I understand that this application will be considered active for 60 (sixty) days. Thereafter, the application will be considered inactive and I must reapply if I wish to be considered for an opening.

I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this Company, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is at-will for no definite period of time and may be terminated by either party at any time. The Company is an At-Will Employer.

Applicants Signature: _____ **Date:** _____

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.

Applicants Signature: _____ **Date:** _____

KEANY PRODUCE COMPANY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE BECAUSE OF SEX, AGE, RACE, COLOR, RELIGION, CREED, MARITAL OR VETERAN STATUS, CITIZENSHIP, NATIONAL ORIGIN ANCESTRY, SEXUAL ORIENTATION, HANDICAP OR DISABILITY, MILITARY STATUS OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE FEDERAL, STATE OR LOCAL LAWS.