

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone #			E-mail Address		
Date Available to start work:		Social Security No.		Are You 18 or older?	
Position Applying for:					
Are you authorized to work in the U.S.		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently employed? Yes__ No __	
Have you ever worked for Ukrop's before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____	
Any relatives working at Ukrop's Homestyle Foods? _____ If yes, name(s)? _____ Location: _____					
Check the locations that interest you: <input type="checkbox"/> Westmoreland Bakery <input type="checkbox"/> Central Kitchen <input type="checkbox"/> Westmoreland Crossdock/Whse					
Briefly state why you would like to work for our company:					

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Help us consider you for a job that matches your availability by listing the specific times you would be available for work each day:

AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you available to work part time hours? _____ If so, how many hours are you available a week? _____

EMPLOYMENT HISTORY

Company _____ Address _____
Phone # _____ Supervisor's Name & Title _____
Position _____ Dates Worked (From/To) _____ Rate of Pay _____
Duties _____
Reason for Leaving _____

Company _____ Address _____
Phone # _____ Supervisor's Name & Title _____
Position _____ Dates Worked (From/To) _____ Rate of Pay _____
Duties _____
Reason for Leaving _____

Company _____ Address _____
Phone # _____ Supervisor's Name & Title _____
Position _____ Dates Worked (From/To) _____ Rate of Pay _____
Duties _____
Reason for Leaving _____

Please summarize any additional information necessary to describe your full qualifications for a food production/warehouse position: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION. UNLESS OTHERWISE INDICATED, ALL REFERENCE TO "COMPANY" SHALL MEAN UKROP'S HOMESTYLE FOODS, LLC.

APPLICANT'S BACKGROUND INVESTIGATION

By signing this statement below, I acknowledge that Ukrop's Homestyle Foods, LLC., its parent, subsidiaries, affiliates and any of its (their) employees or agents, including independent reporting or investigation agencies (hereinafter referred to collectively as the "Company"), may conduct a "Background Investigation" that may include without limitation, a criminal history and criminal records check, investigation of my personal character, habits, work record, etc.; and verification of the information provided verbally by me or in the Application for Employment. Accordingly, I hereby authorize the Company to conduct a complete Background Investigation of me and authorize the Company to contact and discuss my background with any persons or organizations including but not limited to the references provided, any former employer, person, firm, corporation and government agency (hereafter referred to as the "Information Providers").

I further authorize all Information Providers to give the Company any and all pertinent information that they may have, personal or otherwise, and I hereby release the Company for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of the referenced Background Investigation. I authorize all Information Providers to treat a photocopy of this Statement as though it is the original executed copy.

Signature

Date

APPLICANTS CERTIFICATION AND ACKNOWLEDGEMENT

In consideration of my employment, I hereby agree and acknowledge the following: I agree to conform to the Company's rules and regulations as they may be issued or modified from time to time. I understand that my employment and compensation (if hired) is not for a definite period of time and may, regardless of the date of payment of my wages or salary, be terminated with or without cause, and with notice, at any time, at my option or the option of the Company. I further understand that no recruiter, interviewer or other representative of the Company, other than the President, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I agree that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract or contract by implication. I understand that this employment application will be considered for only ninety (90) days. At the end of that time, if I still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I certify that the information contained in the Application for Employment is correct and complete to the best of my knowledge, and I understand that falsification, misrepresentation or omission of facts called for in this application, even if such falsifications, misrepresentations or omission is discovered years later, is grounds for disqualification from further consideration or will result in termination of my employment without notice.

Signature

Date

DRUG AND ALCOHOL TESTING

In the event that the Company determines that I am eligible for an offer of employment, I understand that I may be required to participate in oral and/or urine testing for alcohol, chemical dependency or other substance abuse. I consent to administration of such testing and I understand that in addition to testing as a part of the application or hiring process, I may be subject to future random testing and testing "for cause," which may include involvement in job-related accidents, suspicious behavior, etc. I understand that in the event that I refuse to consent to such a test or violate the Company's drug and alcohol policy, or test positive for substance abuse or chemical dependency, my application for employment will be disqualified from further consideration or my employment will be terminated without notice. Accommodation will be made for the use of legally prescribed medication taken under the direction of a physician.

Signature

Date

Ukrop's Homestyle Foods

Dear Applicant,

Thank you for your interest in a position with Ukrop's Homestyle Foods. Now that we have received your application, it will remain active for 90 days from the date it was submitted. After 90 days, if you would like to be considered again, you may submit an application and/or a resume.

As positions become available, we will be looking for individuals whose personal values parallel our company's Values and Vision. A Human Resources associate will be in contact with you if your qualifications best match the position requirements. Thanks again for your interest.

Best wishes as you explore employment opportunities!

Ukrop's Homestyle Foods, LLC is an equal opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis. It is our policy to provide equal employment opportunity to all qualified persons consistent with federal, state and local equal employment opportunity laws.