



Application for Employment

Tom's Riverside Quality Foods is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of actual or perceived age, sex, sexual orientation, race, color, creed, religion, familial status, ethnicity, national origin, citizenship, disability, marital status, military or veteran status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. Applicants with a disability may be entitled to reasonable accommodation under terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Tom's Riverside Quality Foods. Please inform a Company representative if you need assistance completing any forms or to otherwise participate in the application process. This application will remain active for 60 days, after 60 days, you must reapply for further consideration.

PLEASE PRINT CLEARLY

DATE _____

(USE PEN ONLY)

PERSONAL DATA

NAME _____
last first middle initial

ADDRESS _____
street city state zip

TELEPHONE (_____) _____ SOCIAL SECURITY NO. _____
area code number

Are you under the age of 18? YES NO If yes, please state your age _____

Are you legally authorized to work in the United States? YES NO

(If hired, verification will be required consistent with federal law)

Have you ever been convicted of a felony which has not been expunged or sealed by a court? YES NO RECORD

You should answer "no record" if a conviction has been sealed or expunged or otherwise statutorily eradicated. If you checked yes, please explain below. If more space is required, please use separate sheet. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

How were you referred to us? Advertisement Tom's Riverside Employee Walked In School
 Employment Agency State Employment Office Other (specify) _____

EMPLOYMENT AVAILABILITY

Position(s) applied for _____ Date you can start _____
month/day/year

Wages desired? \$ _____ per hour, or \$ _____ per week

We are a 7-day-a-week business with emphasis on nights and weekends. Please indicate your availability below:

Full Time Part Time (How many hours? _____)

Days Evenings Nights Weekends

Put the specific hours (From/To) you are available for work in the boxes below. (Leave the box empty if you are not available at all that day and write "A" under any day you are "available" all that day without any scheduling restrictions.)

	SUN	MON	TUE	WED	THU	FRI	SAT
From (AM/PM)							
To (AM/PM)							

EDUCATION

Name and location of school	Circle highest year completed	Graduated	Degree/Major
High School or GED NAME: ADDRESS	9 10 11 12 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College or University NAME: ADDRESS	FR SO JR SR <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other (Specify) NAME: ADDRESS	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Are you now enrolled? YES NO If yes, name and location of school _____

Availability during school vacations: FULL PART NONE

Other education, training, skills or hobbies relevant to employment consideration _____

EMPLOYMENT HISTORY

*Beginning with the most recent employment, list the last four employers (including military service) or cover at least a seven year period, whichever is longer. Use separate sheet if necessary.

Current or Most Recent Employer	Phone ()	From	To	
Street		Mo.	Yr.	Mo.
City	State	Zip		Yr.
Job Title and Duties		Base Salary or Wage		
		Starting		Ending
		Supervisor's Name		
		Reason for leaving		
Previous Employer	Phone ()	From	To	
Street		Mo.	Yr.	Mo.
City	State	Zip		Yr.
Job Title and Duties		Base Salary or Wage		
		Starting		Ending
		Supervisor's Name		
		Reason for leaving		
Previous Employer	Phone ()	From	To	
Street		Mo.	Yr.	Mo.
City	State	Zip		Yr.
Job Title and Duties		Base Salary or Wage		
		Starting		Ending
		Supervisor's Name		
		Reason for leaving		
Previous Employer	Phone ()	From	To	
Street		Mo.	Yr.	Mo.
City	State	Zip		Yr.
Job Title and Duties		Base Salary or Wage		
		Starting		Ending
		Supervisor's Name		
		Reason for leaving		

*ALL employment information above must be completed in full for your application to be considered.

In the past seven years have you ever been discharged, suspended or asked to resign by an employer? YES NO

If yes, give employer name, date of action, and reason _____

Have you ever worked for us? YES NO

If yes, and not included above, give dates employed, position, any other name used and reason for leaving _____

May we contact your present employer at this time for a reference? YES NO

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? YES NO

If yes, specify name _____

REFERENCES

List two professional references familiar with your work ability (exclude relatives)

Full Name (not related to you)					Full Name (not related to you)				
Address	Street	City	State	Zip	Address	Street	City	State	Zip
Phone	Occupation				Phone	Occupation			
How acquainted and for how long?					How acquainted and for how long?				

READ CAREFULLY AND SIGN

PLEASE READ THESE STATEMENTS OVER CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING AT THE BOTTOM

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with Tom's Riverside. _____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Tom's Riverside. _____ Initials

I hereby certify that the information given by me is true in all respects. I authorize Tom's Riverside and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. _____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law. _____ Initials

I understand that no representation, whether oral or written, by any representative or agent of Tom's Riverside, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of Tom's Riverside, has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative. _____ Initials

I certify under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. _____ Initials

Note: An offer of employment is conditioned upon complying with Tom's Riverside's requirements including, but not limited to signing a Consent to Conduct an Investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

Applicant's Signature _____ Date _____

BRING YOUR APPLICATION IN PERSON (ALONG WITH OPTIONAL RESUME) TO ONE OF OUR THREE LOCATIONS:

632 BROAD ST.
NEW BETHLEHEM, PA

8868 RT. 338
KNOX, PA

562 MAIN ST.
RIMERSBURG, PA