

3388 Pennsy Drive * Landover, MD 20785 * (301) 322-8889

EMPLOYMENT APPLICATION

Spectrum Foods in an equal opportunity employer. It is the policy of Spectrum Foods to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, sex, national origin, age, veteran status or disability, or any other basis prohibited by federal or state law. The information requested on this application will not be used for any purpose prohibited by law. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

APPLICANT INFORMATION (Please Print)

Name Last			First		M.I	_ DOB	
Street Address_							
Apartment/Unit	:#	City			State	ZIP	
Home Phone #_			_ Cell	Phone #			
Social Security #			E-mail				
Position Applied	l for				Available		
Type of employr	ment desired:	() Full-Time () P	Part-Time	()			
Are you a citizer	n of the United	d States? YES NO	If no, a	ire you au	uthorized to work in t	he US? YES	NO
Have you ever w	vorked for this	company? YES NO	If so, w	hen?			
EDUCATION							
High School			Address				
From	То	Did you graduat	e? YES	NO	Degree		
College			Address				
From	То	Did you graduat	e? YES	NO	Degree		
Other			Address				
From	То	Did you graduat	e? YES	NO	Degree		
REFERENCES							
Please furnish th	ne name, addr	ess and telephone number	of two peop	ole to who	om you are not relate	d and by whom yo	วน

have not been employed.

Full Name	Relationship		
Company	Phone		
. ,			
Address			

Full Name	Relationship
Company	Phone
Address	
PREVIOUS EMPLOYMENT	
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From To Reason for Le	eaving
May we contact your previous employer for a reference?	YES NO If no, please explain why
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From To Reason for Le	
May we contact your previous employer for a reference?	YES NO If no, please explain why
Company	Phone
Address	Supervisor
Job Title	
Responsibilities	
From To Reason for Le	eaving
May we contact your previous employer for a reference?	YES NO If no, please explain why
MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

CERTIFICATION AND SIGNATURE

I certify that the information contained in this application and in supplemental materials submitted in conjunction with this application is true and complete to the best of my knowledge and understand that any false statement, material misrepresentation, or omission of material fact made in this application of supplemental material submitted in conjunction with this application is grounds for disqualification from further consideration or dismissal from employment with Spectrum Foods.

I understand that the Company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I understand that although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

If requested by the management at any time, I agree to submit to a search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination, at Company expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the Company.

In consideration of my employment, I agree to conform to the policies and procedures established by Spectrum Foods and my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Company or myself. I understand that I have no authority to enter into any agreement for employment with Spectrum Foods for any specified period of time or to make any agreement contrary to the foregoing.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Company can end my employment or change my wages, benefits and the conditions of my employment at any time.

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 LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.