Employment Application

973-672-9400 ext. 246
opshr@driscollfoods.com

As an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, Driscoll Foods and it's affiliates do not discriminate against applicants or employees because of their race, color citizenship status, national origin, ancestry, gender (except where gender is a bonafide occupational qualification), sexual orientation, age, religion, creed, marital status, veteran status, domestic violence victim status, political affiliation or any other factor protected by federal, state or local law. Furthermore, Driscoll Foods will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by Driscoll Foods for the job.

Applicant Information

Last Name First Name MI	Today's Date
Street Address	Date Available
City State Zip Code	Phone Number
Email Address	
Referral Source:	Are you currently employed?

Summarize special skills and qualifications acquired from employment or other experience that could be relevant to your ability to perform the job applied for: _____

_____

_____

_____

_____

_____

_____

_____

Scheduling

Availability	Yes	No
Are you available to work nights?		
Are you available to work weekends?		
Are you available to work overtime if necessary?		
Are you available to work part time?		

Work Authorization

Upon offer of hire, are you legally eligible for employment in the United States?	YES ☐	NO ☐

NOTE: Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony?	YES ☐	NO ☐

If yes,
explain:_____
_____
_____
_____
_____

Equipment Experience

Equipment Type	Experience: Yes/No	Notes
Electric Pallet Jack (Double)		
Cherry Picker		
Voice Selecting Equipment		
Stand-up Fork Lift		
Other (Specify)		

Work Environment

Are you able to work in the freezer at zero degrees Fahrenheit and below?	YES ☐	NO ☐
Are you able to work in the cooler at 40 degrees Fahrenheit and below?	YES ☐	NO ☐
Are you able to lift more than 50 pounds repeatedly during an 8-hour shift?	YES ☐	NO ☐

Previous Employment

Company:	Phone Number:
Address:	Supervisor:
Title/Responsibilities:	Date Range:

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Title/Responsibilities:	Date Range:

References

Reference 1	
Full Name:	Relationship:
Company:	Phone Number:
Reference 2	
Full Name:	Relationship:
Company:	Phone Number:
Reference 3	
Full Name:	Relationship:
Company:	Phone Number:
Reference 4	
Full Name:	Relationship:
Company:	Phone Number:

Military Service

Branch:	Date Range:
Rank at Discharge:	Type of Discharge:
If other than honorable, please explain:	

Disclaimer and Signature

If you require an accommodation because of a physical or mental disability in order to participate in any phase of the application process, please make the fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

If an offer of employment is made and, because of physical or mental disability, you will need an accommodation to perform and essential job function, please make that fact known to the individual processing your application.

If an offer of employment is made, I agree to submit to a medical examination including a drug test, and understand that my subsequent employment will be contingent on the results of the medical examination and drug test.

I understand that the examining physician may ask questions regarding my current health condition, health history, health insurance claim and worker's compensation claim history and that all such information will be retained in confidential medical files, to be released only in accordance with federal and state law.

I also understand that falsification of any such information that I furnish could result in termination of my employment, if hired.

Signature: Date:

OFFICE USE ONLY

Position applied for:	
Department:	
Was position applied for available on application date filed?	
Hourly rate/Salary:	
Date of Employment:	
Full time:	Part-Time:
Pre-Employment Review Done?	