

# AVI FOODSYSTEMS, Inc.

2590 Elm Road N.E. Warren, Ohio 44483  
Visit our website at [www.avifoodsystems.com](http://www.avifoodsystems.com)

## STUDENT APPLICATION

Submit **COMPLETED** Application to the AVI Office

At AVI FOODSYSTEMS, Inc., we take pride in our attention to detail. This begins with each potential team member thoroughly completing each section of this application. This application must be personally signed by the applicant.

**PLEASE PRINT NEATLY AND USE INK.**

**DATE OF APPLICATION (Today's Date)** \_\_\_\_\_ **POSITION APPLIED FOR** \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former Name, if any \_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Present Address No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Previous Address No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Length of time at Present Address \_\_\_\_\_ Length of time at Previous Address \_\_\_\_\_

**You must list all residences in the past 7 years. Attach an additional sheet if necessary**

Are you 18 years of age or older?  Yes  No If no, list your date of birth \_\_\_\_\_

Hourly Rate/Salary Expected (Be Specific) \_\_\_\_\_ Are you interested in (Check only one box):  
 Either Full time or Part time Work  Full time Work  Part time Work

When are you available to work:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to

In the event of an emergency, who should be notified?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Place of business: \_\_\_\_\_

TELEPHONE NO. HOME: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

If you receive a job offer from AVI, on what date would you be available for work? \_\_\_\_\_  
How long do you intend to work for AVI? \_\_\_\_\_  
Do you have reliable transportation to get to and from work?  
 Yes  No

How were you referred to AVI FOODSYSTEMS, Inc.?  
 Walk-In  Job Fair – Name: \_\_\_\_\_  
 Flier  Newspaper – Name: \_\_\_\_\_  
 AVI Team Member – Name: \_\_\_\_\_  
 School – Name: \_\_\_\_\_  
 Online – Website: \_\_\_\_\_  
 Other – Explain: \_\_\_\_\_  
List any friends and/or relatives working for AVI FOODSYSTEMS, Inc.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any outside activities that would prevent you from working your regularly scheduled hours?  Yes  No  
If Yes, Explain: \_\_\_\_\_  
Do you use any tobacco products?  
 Yes  No  
AVI FOODSYSTEMS, Inc. does not permit the use of tobacco products while on the job or on any property owned, leased or used by AVI.

Do you have a valid:  
Driver's License?  Yes  No  
Has your license ever been revoked or suspended?  
 Yes  No If yes, please give explanation and date:  
Have you had any driving violations within the past three years?  
 Yes  No If yes, please give explanation and date:

Do you have the legal right to work in the U.S.?  
 Yes  No  
If hired, can you provide evidence of your legal right to work in the U.S.?  
 Yes  No

AVI FOODSYSTEMS, Inc. subscribes without reservation to all federal, state and local statutes which prohibit discrimination in employment because of race, creed, color, age, sex, sexual preference, religion, national origin, disability, or veteran's status. Answers to information requested in this application will be evaluated solely for the purpose of determining your qualifications to perform the job for which you are applying.

Have you been convicted of a felony?  Yes  No If yes, state conviction, date and description. **List all.**

Have you been convicted of a misdemeanor (other than a traffic offense)?  Yes  No If yes, state conviction, date and description. **List all.**  
Massachusetts Applicants **ONLY:** Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, affray, speeding, a minor traffic violation or disturbing the peace.

*A criminal conviction will not necessarily disqualify you from consideration.*

### EMPLOYMENT HISTORY

Have you ever been dismissed or asked to resign from any employer?  Yes  No If yes, please explain \_\_\_\_\_

CURRENT/MOST RECENT EMPLOYER		Dates Employed		Type of Work Performed	
Employer		FROM (Mo/Yr) TO (Mo/Yr)			
Address	City	State			
Your Job Title	( )	Hourly Rate/Salary		Check One	
Name of Supervisor	Telephone No.	Starting	Final	Full Time	Part Time

Please explain in detail reason for leaving:

Explain reason for period of unemployment between employers:

PREVIOUS EMPLOYER		Dates Employed		Type of Work Performed	
Employer		FROM (Mo/Yr) TO (Mo/Yr)			
Address	City	State			
Your Job Title	( )	Hourly Rate/Salary		Check One	
Name of Supervisor	Telephone No.	Starting	Final	Full Time	Part Time

Please explain in detail reason for leaving:

Explain reason for period of unemployment between employers:

**•••PLEASE LIST ADDITIONAL JOBS ON A SEPARATE SHEET OF PAPER•••**

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. An essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion. Is there any reason why you cannot perform the essential functions of this job?  Yes  No  
If yes, explain: \_\_\_\_\_

Please read the following statements carefully as they constitute the conditions under which you may be employed by AVI FOODSYSTEMS, Inc.

I agree and understand that as a condition of employment:

- (1) A physical examination with results satisfactory to the company may be required.
- (2) I hereby give AVI FOODSYSTEMS, Inc., the right to make a thorough investigation of my past employment, education, and activities and I will release from all liability all persons, companies, and corporations supplying such information. The types of information in the report that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference checks; credit reports; licensing and certification checks and drug testing results. I indemnify AVI FOODSYSTEMS, Inc. against any liability which might result from making such investigations. I understand that any false answer, statement, implication or omission made by me in this application or other required documents shall be considered sufficient cause for denial of employment or termination. I am advised that a negative background check will not necessarily disqualify me from employment. However, if I do not meet the AVI FOODSYSTEMS, Inc.'s employment standards and/or those of the AVI FOODSYSTEMS, Inc.'s client, I could be subject to termination. The information obtained through these investigations may be released to the AVI FOODSYSTEMS Inc.'s clients as required to gain entrance into facilities for business purposes.
- (3) I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between AVI FOODSYSTEMS, Inc. and myself. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment may end at the will of my employer at any time without notice. I also understand that no one except the President and CEO of AVI FOODSYSTEMS, Inc. is authorized to make any statements or promises limiting the company's right to terminate my employment at will.
- (4) I agree that any claim or lawsuit relating to my service with AVI Fresh must be filed no later than two years after the date of the employment action that is the subject of the claim or lawsuit. I waive any longer statute of limitations.
- (5) A pre-employment drug screening test may be required. Evidence of illicit drugs in my system does disqualify me from employment.
- (6) This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Preparer and/or Translator Certification:** To be completed and signed if application is prepared by a person other than the applicant. I attest that I have assisted in the completion of this application and that to the best of my knowledge the information is true and correct. The applicant must sign above.

Preparer's/Translator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev 9/09