

AVI FOODSYSTEMS, INC.

Visit our website at 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 _____

() _____ () _____
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 Full time Part time

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

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

TELEPHONE NO. HOME: () _____ WORK: () _____ CELL: () _____

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

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

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: _____
Name: _____
Name: _____

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/in any property owned, leased or used by AVI.

Only answer these questions if you want to be considered for a position that requires driving an AVI company vehicle:
Do you have a valid: Driver's License? Yes No C.D.L. License? Yes No Class A B C
Has your license ever been revoked or suspended? Yes No If yes, please give explanation and date: _____

All Applicants Except in the State of Massachusetts: Have you had any driving violations within the past three years?
 Yes No If yes, please give explanation and date: _____

Massachusetts Applicants: Have you had more than two driving violations within the past five years. Limit any response regarding speeding and minor traffic violations to the last five years and to those which were not a first offense.
 Yes No If yes, please give explanation and date: _____

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, veteran's status or other protected class. 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 ever been convicted of a felony? Yes No If yes, state conviction, date and description. **List all.**

California Applicants **ONLY:** Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated.
Massachusetts Applicants **ONLY:** Pursuant to the Massachusetts Criminal Offender Record Information Act (CORI), you are not required to answer this question at this time.

Have you ever been convicted of a misdemeanor (other than a traffic offense)? Yes No If yes, state conviction, date and description. **List all.**

California Applicants **ONLY:** Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated, and for which probation was completed and the case was dismissed.

Massachusetts Applicants **ONLY:** Pursuant to the Massachusetts Criminal Offender Record Information Act (CORI), you are not required to answer this question at this time.

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		Hours Worked per Week
			Starting	Final	Full Time	Part Time	
Name of Supervisor		Telephone No. ()					

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		Hours Worked per Week
			Starting	Final	Full Time	Part Time	
Name of Supervisor		Telephone No. ()					

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. If 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 within the statutes of the law; 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 Foodsystems, Inc. must be filed no later than one year after the date of the employment action that is the subject of the claim or lawsuit. I waive any longer statute of limitations, and I understand that my agreement may reduce the amount of time within which I would otherwise be permitted to file a claim or lawsuit under the law.

(5) A pre-employment drug screen test is required. Evidence of illicit drugs in my system does disqualify me from employment.

(6) By checking the "I Accept" box or providing my written signature below, I certify 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. If this application is submitted electronically, I further understand and agree to the use of an electronic method of signature to demonstrate my acceptance of the terms and conditions of this employment application.

I Accept I Do Not Accept

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 still must sign above.

Preparer's/Translator's Signature _____

Date _____

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