



RRS FOODSERVICE

Family-owned since 1939 • A division of J.L. Culpepper & Co.

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations for the application and/or interview process should notify a representative of Human Resources.

Name: _____ Social Security Number _____

Address: _____

Telephone Number: _____ Mobile Number: _____ E-mail Address: _____

Position(s) Applied For: _____ Date of Application: _____

Referral Source: (Please check the appropriate category and name the source.)

Walk-In: _____

Employee: _____

Company Website: _____

School: _____

Advertisement: _____

Other: _____

If necessary, best time to call you at home is _____

May we contact you at work? Yes No
If yes, work number and best time to call:

If you are under 18 and it is required,
can you furnish a work permit? Yes No
If no, please explain: _____

Have you submitted an application here before? Yes No
If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No
If yes, give date(s) and position(s) _____

Are you legally eligible for employment
in the United States? Yes No

Date available for work _____

What is your desired salary range or rate of pay?
\$ _____ Per _____

Type of employment desired: Full-Time Part-time

Are you related to any current employee(s) of
RRS Foodservice? Yes No
If yes, please list _____

Will you relocate if required? Yes No

Will you travel if required? Yes No

If they have been explained to you, are you able to
meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No
If no, please explain _____

Are you able to perform the essential functions of the job for which you
are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's
"essential functions" to respond

Driver's license number required if driving may be required in the job
for which you are applying:
_____ State _____

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as dates of offense, seriousness, and nature of violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been
convicted of a Misdemeanor or Felony..... Yes No

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates Employed: Month / Year	Month / Year
Street Address	City	State	
		Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Starting job title/final job title		Commission/Bonus/Other \$ per	
		Compensation (Ending)	
Immediate Supervisor and title (Most recent position)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
		Commission/Bonus/Other \$ per	

Why did you leave?

Summarize type of work performed and job responsibilities.

What did you like most about your position?

What did you like least about your position?

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		Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Starting job title/final job title		Commission/Bonus/Other \$ per	
		Compensation (Ending)	
Immediate Supervisor and title (Most recent position)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No
 If yes, Please explain.

Skills and Qualifications

Summarize and special training, skill, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____	Years: _____	<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____
<input type="checkbox"/> Presentation _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____
<input type="checkbox"/> E-Mail _____	Years: _____	<input type="checkbox"/> Other _____	Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you.

Name	Title	Relationship to you	Telephone number	Number of years known

Job Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Is there any other job-related information you would like for us to know about you?

Acknowledgement

I certify that the information I have provided in this application for employment is true and complete. I further understand that if any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to eliminate me from further consideration for employment or discharge me from employment immediately upon discovery.

I expressly authorize the employer, its representatives, employees or agents to contact and obtain information from the references I have furnished in this application for employment, job interview or resume. I understand that I may not make claims against the employer, its representatives, employees or agents for seeking, obtaining and utilizing truthful and non-defamatory information in a lawful manner in the employment process.

I understand that this employer does not discriminate on any basis prohibited by law and that no question on this application form will be utilized to limit or eliminate an applicant from consideration from employment on any basis prohibited by law.

I understand that this application or any possible resulting offer of employment is not to be considered a contract for employment. If hired, both the employer and I may terminate employment at any time with or without cause and with or without prior notice except as required by law. No supervisor or representative of the company is authorized to make any assurances to the contrary and no implied oral or written agreements contrary to this at-will policy are valid unless in writing and signed by the president of the company. All offers of employment are contingent on drug and background screenings.

If I am hired, I understand that I will be required to provide proof of identity and legal authorization to work in the United States and that the Department of Homeland Security requires me to complete the Employment Eligibility Verification form within three (3) days of hire.

DO NOT SIGN UNTIL YOU HAVE READ THE ACKNOWLEDGEMENT ABOVE.

I certify that I have read, fully understand and accept the terms of the acknowledgement above.

Applicant Signature: _____

Date: _____