

# LIBERTY FOOD SERVICE

*A People Company.*



Corporate office:  
**Liberty Food Service**  
 1410 North Michigan Street  
 Storm Lake, IA 50588  
 Phone 800-425-1088  
 Fax 712-732-3325

## Application for Employment Pre-Employment Questionnaire Equal Opportunity Employer

<b>PERSONAL INFORMATION</b>		<b>DATE:</b>
Name ( Last Name, First Name)		Social Security Number ( last 4 digits)
Address, Street	City, State, ZIP	
Phone Number:	Are you 18 years of age or older? Yes _____ No _____	
Are you a military Veteran? Yes _____ No _____	Are you legally able to work in the U.S.? Yes _____ No _____	

### EMPLOYMENT DESIRED

Position Applying for:	Location Applying for:	Date you can start:	Wage Desired
Have you ever applied to this company before? Yes _____ No _____	Where?	When?	
Are you employed now? Yes _____ No _____	If so may we inquire of your present employer? Yes _____ No _____		
What shift(s) are you available to work?			

### EDUCATION

Do you have a High School Diploma or GED? Yes _____ No _____		
Name of last school attended:	City:	State:
Circle highest year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18		
Degree(s) earned:		
Area of concentration and/or degrees, certificates, licenses, endorsements:		
Other training or Special Skills:		

**EMPLOYMENT HISTORY**

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment)

<b>Company Name:</b>		<b>Job Title:</b>	
<b>Address:</b>	<b>Number, Street</b>	<b>City</b>	<b>State ZIP</b>
<b>Start Date</b>	<b>End Date</b>	<b>Detailed Job Duties:</b>	
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Job Title:</b>	
<b>Address:</b>	<b>Number, Street</b>	<b>City</b>	<b>State ZIP</b>
<b>Start Date</b>	<b>End Date</b>	<b>Detailed Job Duties:</b>	
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Job Title:</b>	
<b>Address:</b>	<b>Number, Street</b>	<b>City</b>	<b>State ZIP</b>
<b>Start Date</b>	<b>End Date</b>	<b>Detailed Job Duties:</b>	
<b>Reason for Leaving:</b>			

**REFERENCES** List Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

NAME	ADDRESS / PHONE	BUSINESS/PERSONAL	YRS KNOWN

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status

**AUTHORIZATION**

"I certify that the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed my employment may be terminated at any time. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either me or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing." This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_