

TODAY'S DATE:
/ /

SmithFoods Richmond

1590 N.W. 11th Street P.O. Box 250, Richmond, Indiana 47375

PERSONAL DATA

NAME(LAST)	(FIRST)	(MI)	SOCIAL SECURITY NUMBER ----	
PRESENT ADDRESS	STREET	CITY	STATE(ZIP CODE)	PHONE () CELL ()

ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A RIGHT TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YOU WERE PREVIOUSLY INTERVIEWED OR EMPLOYED AT SMITHFOODS RICHMOND, PLEASE STATE THE DATES OF EMPLOYMENT, OR WHEN INTERVIEWED.
ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PLEASE INDICATE IF YOU WERE EMPLOYED UNDER A DIFFERENT NAME _____

LIST RELATIVES/ACQUAINTANCES THAT ARE CURRENTLY EMPLOYED AT SMITHFOODS RICHMOND _____

EDUCATIONAL DATA

	NAME, CITY & STATE	DATES ATTENDED *		GRADUATED		MAJOR
		FROM Mo Yr	TO Mo Yr	YES	NO	
HIGH SCHOOL		N/A	N/A			N/A
COLLEGE/ OTHER						
GRADUATE SCHOOL						

**Information required to secure records and all pertinent data from school officials*

Are you presently enrolled in school? YES NO If yes, where enrolled _____

List states and counties of residence for the past seven years.

Have you ever been discharged or asked to resign by an employer? Yes No
Have you ever been suspended from a job? Yes No If yes to either question, please explain:

Have you ever been convicted or pleaded guilty to a crime, including motor vehicle citations that your license was revoked or suspended for a period of time? YES NO If yes, please explain in detail. If you need more space, use page 4 of this application. Conviction of a felony will not automatically disqualify you from employment.

AVAILABILITY

Check desired work: Office ___ Factory ___ Truck Driver ___ Truck Mechanic ___ Plant Maintenance ___ Other _____

Full Time ___ Part Time ___ If part time, how many hours a week can you work? _____

Seasonal work ___ If seasonal, what are your potential starting and ending dates: ___/___/___ to ___/___/___

Please complete this section if the job for which you are applying might require you to drive company vehicles:

Check license type: Class A CDL ___ Years Experience _____ Class B CDL ___ Years Experience _____

Straight truck driving ___ Years Experience _____

Are you over 25 years of age? Yes ___ No ___ Have you had any accidents in the last 5 years? Yes ___ No ___ If yes, explain:

Has your driver's license ever been suspended, revoked, denied or cancelled? Yes ___ No ___ If yes, explain:

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, describe your employment experiences below. Account for any time during this period that you were unemployed by stating the nature of your activities. Please attach additional sheets if necessary.

Are you on layoff and subject to recall? YES NO

COMPANY NAME/CITY, STATE/TELEPHONE NUMBER: ()

IMMEDIATE SUPERVISOR:

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED		STARTING WAGE OR SALARY:	PRESENT/FINAL WAGE OR SALARY:	IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
From: (Mo./Yr.)	To: (Mo./Yr.)			

REASONS FOR LEAVING:

DESCRIBE YOUR DUTIES:

COMPANY NAME/CITY, STATE/TELEPHONE NUMBER: ()

IMMEDIATE SUPERVISOR:

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED		STARTING WAGE OR SALARY:	FINAL WAGE OR SALARY:	REASONS FOR LEAVING:
From: (Mo/Yr)	To: (Mo/Yr)			

DESCRIBE YOUR DUTIES:

COMPANY NAME/CITY, STATE/TELEPHONE NUMBER: ()

IMMEDIATE SUPERVISOR:

YOUR JOB TITLE OR POSITION:

DATES EMPLOYED		STARTING WAGE OR SALARY:	FINAL WAGE OR SALARY:	REASONS FOR LEAVING:
From: (Mo/Yr)	To: (Mo/Yr)			

DESCRIBE YOUR DUTIES:

Next previous employer name, city, state: _____ Phone() _____
 Name and title of Supervisor _____
 Dates employed: From (Mo/Yr) ____/____/____ To (Mo/Yr) ____/____/____

Next previous employer name, city, state: _____ Phone() _____
 Name and title of Supervisor _____
 Dates employed: From (Mo/Yr) ____/____/____ To (Mo/Yr) ____/____/____

OTHER ACCOMPLISHMENTS

Please list below any other job related accomplishments, professional distinctions, certifications, or verifiable volunteer work

PROFESSIONAL REFERENCES

(Do not list relatives)

NAME	ADDRESS	OCCUPATION/TELEPHONE #
		Occupation: Telephone # ()
		Occupation: Telephone # ()
		Occupation: Telephone # ()

MILITARY EXPERIENCE:
 What branch have you served in with the United States Armed Services? _____

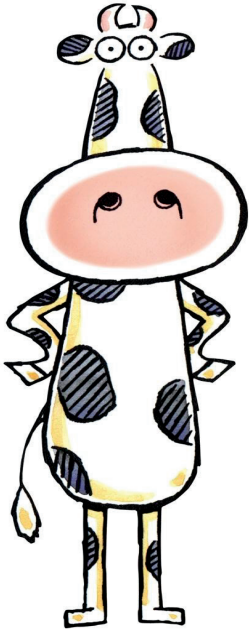
DISCLAIMER

Please read the following paragraph carefully! By signing below, I certify that I have read, understand and agree to each of the following statements: All of the information that I have supplied on this application is true, accurate and complete to the best of my knowledge, and I have not knowingly withheld any information which, if known to SmithFoods Richmond, would affect my application unfavorably. If I am hired by SmithFoods Richmond, and if SmithFoods Richmond discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job. This employment application will be considered active for 365 days from the date below. If I want to be considered for a job with SmithFoods Richmond after this period of time, I must fill out another application. I agree to submit to a medical examination, which may include testing for drugs or alcohol, prior to beginning work with SmithFoods Richmond. In consideration for my employment with SmithFoods Richmond, I agree to abide by all SmithFoods Richmond rules and regulations. I agree to release to SmithFoods Richmond or its designated agents all medical information including, but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job related and consistent with SmithFoods Richmond business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. In the event of my personal indebtedness to SmithFoods Richmond, I authorize SmithFoods Richmond to withhold from my wages such amount permitted by law to satisfy my obligation to SmithFoods Richmond. I give SmithFoods Richmond my permission to conduct any investigation regarding the information contained in my employment application, which SmithFoods Richmond thinks is necessary to determine my qualifications for assuming a job with SmithFoods Richmond. I give SmithFoods Richmond my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to SmithFoods Richmond whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

SIGNATURE	DATE
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SmithFoods Richmond is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap or disability.

Rev 5/07



SmithFoods Richmond Vision

SmithFoods Richmond will be the preferred dairy products supplier to consumers, retailers, food service warehouses, and manufacturers.

We will be responsible stewards of our business as we continually improve quality, service, efficiency, and profitability.

Our commitment to treating customers, associates, and owners according to Christ's example will guide our actions.

OTHER COMMENTS