



SUPERIOR FRESH, LLC

N10512 May Coulee Road | Hixton, WI 54635
 (715) 984.2598 | info@superiorfresh.com

Superior Fresh is an equal opportunity employer and fully subscribes to the principles of equal employment. All applicants and employees are considered for hire and promotion without regard to race, color, religion, gender, national origin, age, handicap, or status as a veteran.

Directions: Complete all questions. Please print responses or attach a resume. If unable to complete a response in the space provided, complete your answer in the space provided in item 29 on page 6.

1. Kind of position or job for which you are applying (give the job title if you are interested in a specific position):		
2. Other positions for which you would like to be considered for:		
3. Name (Last, First, Middle)		
4. Street Address	5. Apartment/Unit No.	
6. City	7. State	8. Zip
9. If mailing address if different, provide address	10. Email address	
11. Telephone Number	12. Cell Phone Number	
13. Have you ever been employed by this company? Yes No		
If yes, provide dates of employment: From: To:		
14. What starting salary would be acceptable to you?		
Per Hour: Per Year:		
15. When would be the earliest date that you would be available to start work?		
16. Are you looking for: Yes No Temporary work? Regular part-time work? Regular full-time work?	17. If required, will you work: Yes No Overtime? Rotating shifts? On-call?	

18. Hours preferred: No preference -OR- Days of the week: No preference -OR-	Start work at: _____ (enter time of day) Select the days of the week that you prefer to work: <div style="text-align: center;"> Sun Mon Tues Wed Thur Fri Sat </div>	
19. Military experience: Yes No If yes, list branch of service: Dates of active duty: From: To: Primary duties:		
20. Experience. Begin with current or most recent job. List each job separately even though it may have been with the same employer. Account for all jobs during the past ten years. Use additional sheets if necessary.		
1a. Name of employer	1b. Immediate Supervisor	
1c. Address of employer	1d. Telephone Number	
1e. City	1f. State	1g. Zip
1h. Type of Business	1i. Your Job Title	
1j. Dates of Employment <div style="text-align: center;"> From: _____ (month) _____ (year) To: _____ (month) _____ (year) </div>		
1k. Reason for Leaving		
1l. Salary Range Beginning Wage: \$ per Ending Wage: \$ per		
1m. Duties (be specific)		
1n. Special training that you received:	1o. May we contact this employer for a reference? <div style="text-align: center;"> Yes No </div>	

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1m. Duties (be specific)			
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1a. Name of employer		1b. Immediate Supervisor	
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1m. Duties (be specific)			
1n. Special training that you received:		1o. May we contact this employer for a reference? Yes No	

21.	Explain all gaps in your employment that were 3 months or greater:				
	From: Month	Yr	To: Month	Yr	Reason:
	From: Month	Yr	To: Month	Yr	Reason:
	From: Month	Yr	To: Month	Yr	Reason:
22:	List special qualifications and skills that you have.				
23.	Do you speak, write, or understand any foreign languages?			Yes	No
	If yes, which languages?				
24.	List licenses or certifications (list state and expiration date, if applicable).				
25.	Education:				
	Indicate highest level of education:				
	List, beginning with high school, all schools attended. Indicate city and state of school, degree (if any), and major subject.				
	<u>School Name</u>		<u>City and State</u>	<u>Degree</u>	<u>Major Subject</u>
	Other Training: Describe any other formal or informal training received in the past ten years. Provide dates of attendance, course length, location, and certificate received.				
26.	List honors, awards, etc., received.				

27. References: List three people not related to you who are able to verify the information provided in this application.

Name

Mailing Address

Telephone Number

Street Address

City, State, and Zip

Street Address

City, State, and Zip

Street Address

City, State, and Zip

28. Respond to the following questions:

Yes No

a. Are you over the age of 18?

b. Are you eligible to work in the U.S.?

c. Have you ever been convicted of a felony?

If yes, explain:

d. Have you ever been convicted of a drug-related crime?

If yes, explain:

e. If hired, would you have transportation to/from work?

f. Do you have any friends, family members, or acquaintances employed by this company?

If yes, name of relative:

Relation to you:

g. Have you applied for employment with this company before?

If yes, when?

Month

Year

29. Additional Information. Use this space to expand upon your answers to questions. Indicate item number.

Item Number

30. Candidate Statement. Use this space to communicate to the company any special information not listed in the application.

31. READ CAREFULLY: I certify that the information in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references 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 all parties from all liability for any damage that may result from furnishing the same to you.

Applicant Signature

Date