

Employment Application - PART A

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Positions Applied for:

Shift Desired:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time part-time Full or part-time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a felony within the past 7 years?: yes no

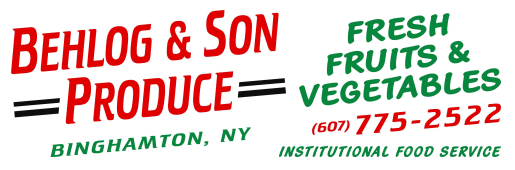
If yes, please explain:

Do you have any physical condition which may limit your ability to perform the job applied for ? yes no

If yes, what can be done to accommodate your limitations?

Are you 21 years of age or older? yes no

Do you have the legal right to work in the United States? yes no How many?



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APPLICANTS FOR DRIVING POSITIONS
FILL OUT PARTS A, B, C, & D

APPLICANTS FOR ALL OTHER POSITIONS
FILL OUT PARTS A & B ONLY

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer experience:

Yes

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Employment Application - PART B

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or subsequent interview(s), will be sufficient cause for cancellation of this application and / or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and it's agents for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without notice.

Signature of Applicant

Date:

Employment Application - PART C

Driver's License Number
<draw name="StaticDoYouHaveALicense"

State of issue:
DricDriver Text Field

Class

Endorsements

Medical Card

Expiration Date:

Have you ever been denied a license, permit or privilege to operate a vehicle? Yes No

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you been convicted of a DWI or DUAI offense in the past 7 years? Yes No

Do you have any DWI or DUAI pending? Yes No

Accident record for the past three years

Date	Location	Nature of accident

Traffic convictions in the last three years

Date	Location	Charge	Penalty

DRIVING EXPERIENCE - Check all that apply

Vehicles

Areas you are familiar with

- Van
- Cube Van
- Straight Truck (under 18,000#)
- Straight Truck (over 18,000#)
- Straight Truck (over 18,000#, over 24' box, w/ airbrakes)
- Tractor with Pup
- Tractor with Trailer

- Triple Cities
- Elmira / Horseheads / Corning
- Ithaca
- Utica
- Oneonta
- Syracuse
- Scranton / Wilkesbarre

Employment Application - PART D

Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Records

Notice of Consumer Rights

In order to evaluate your eligibility for insurance products provided by our insurance company, **Behlog & Son Produce, Inc.** is required to order one or more reports provided by independent consumer reporting agencies. These reports are a necessary part of our review of your application and are used to verify or supplement information that you may have already provided to us. Examples of the type of consumer reports we may order include Motor Vehicle Report (MVR), and/or Insurance Claim Report. These reports are described below.

All reports that are ordered are impartial and will be kept strictly confidential. Our sole interest in the reports is to be sure that each applicant is evaluated fairly. **Behlog & Son Produce, Inc.** will only use the information we obtain for business purposes, or by the insurance company(ies) to which we submit your application(s). If you wish, we will provide you with the name, address, and phone number of any consumer-reporting agency from whom we request a report. At your request, the consumer-reporting agency will provide you with a copy of the report.

MOTOR VEHICLE REPORT

A Motor Vehicle Report (MVR) is obtained from any state Motor Vehicle Department that has licensed you or other operators under your policy. This report reflects the driving record information they have on file for you including accidents and motor vehicle violations.

INSURANCE CLAIM REPORTS

Insurance claim reports, such as C.L.U.E (Comprehensive Loss Underwriting Exchange) and others, are provided by independent consumer reporting agencies that collect claim information from many insurance companies. The claim information that is collected is retained and shared with other subscribing insurance companies.

Employee/Applicant:

Print full name

Address

City

State

Zip Code

Date of Birth:

License Number:

State Issuing:

Signed By

Current Date