

# APPLICATION FOR EMPLOYMENT



Abbyland Foods, 502 E. Linden Street, Abbotsford, WI 54405

Abbyland Pork, 539 North Meridian, Curtiss, WI 54422

Abbyland Trucking, 508 E. Linden Street, Abbotsford, WI 54405

Abbyland Travel Center & El Norteño, Curtiss, WI 54422



(715)223-6386 Fax (715)223-6388

(715)223-4676 Fax (715)223-6485

(715)223-6386 Fax (715)223-3201

(715)223-6666 Fax (715)223-3201

*Abbyland is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.*

**PLEASE PRINT IN INK**

PERSONAL	Last Name		First	Middle	Date	
	Street Address			City	State	Home Telephone Number
	Position applying for	Zip Code	Social Security Number		Emergency Phone Number	
	How did you hear about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employees (Name) <input type="checkbox"/> Radio <input type="checkbox"/> Other (explain)					

EDUCATION	School	Name & Location of School	Course of Study	No. Yrs. Completed	Did you Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/Trade/Technical					
	H.S.					
	Elementary					

DAYS/HOURS AVAILABLE	Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	AM								
	PM								

**REFERENCES**

*Please list four persons who are not related to you and who are not previous employers, who can provide references.*

Name	Address	Phone Number	Relationship	Years Known



# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>Most Recent Employer</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly Pay Starting                      Final
	State Job Title and Describe Your Work	Reason for Leaving & Explanation
<b>Prior Employer</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly Pay Starting                      Final
	State Job Title and Describe Your Work	Reason for Leaving & Explanation
<b>Prior Employer</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly Pay Starting                      Final
	State Job Title and Describe Your Work	Reason for Leaving & Explanation
<b>Prior Employer</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly Pay Starting                      Final
	State Job Title and Describe Your Work	Reason for Leaving & Explanation
<b>Prior Employer</b>	Company Name	Telephone
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly Pay Starting                      Final
	State Job Title and Describe Your Work	Reason for Leaving & Explanation

PLEASE PRINT IN INK



- 1. Are you legally eligible to work in the United States?  Yes  No  
(Proof of eligibility will be required upon offer of employment)
- 2. Are you over the age of 18?  Yes  No  
(If no, you may be required to provide authorization)
- 3. Have you ever applied with Abbyland before?  Yes  No  
(If yes, please give dates \_\_\_\_\_)
- 4. Have you ever been employed with Abbyland before?  Yes  No  
(If yes, indicate which location)  Abbyland Foods, Inc. Dates: \_\_\_\_\_  
 Abbyland Pork, Inc. Dates: \_\_\_\_\_  
 Abbyland Trucking, Inc. Dates: \_\_\_\_\_
- 5. Have you ever been convicted of any type, including mishandling or mislabeling food products?  
(A conviction will not necessarily disqualify you from employment).  Yes  No  
If yes, please explain (attach extra sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Is anyone related to you employed by Abbyland?  Yes  No  
If yes, please give their name and relationship to you \_\_\_\_\_
- 7. Have you ever been fired or asked to resign from a job?  Yes  No  
If yes, please explain (use the back of the sheet if necessary) \_\_\_\_\_
- 8. On what date would you be available to work? \_\_\_\_\_

**FOR DRIVING POSITIONS ONLY**

- 1. Do you have a valid driver's license?  
If yes for what state: \_\_\_\_\_  
Do you have a Commercial Driver's License: \_\_\_\_\_
- 2. Have you ever been convicted of any moving violations in the past five years?  Yes  No  
If yes, please explain (use back of sheet if necessary): \_\_\_\_\_

**SPECIAL SKILLS/TRAINING**

1. Describe any specialized training, apprenticeships, licenses or skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY TRAINING**

- 1. Have you received any job-related training in the United States?  Yes  No
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

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*\* Please read carefully before signing*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Abbyland (hereinafter referred to as "Abbyland") that such employment with Abbyland is at will, for no specified duration and may be terminated by either Abbyland or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Abbyland or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Abbyland except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Abbyland.

In consideration for employment with Abbyland, if employed, I agree to conform to the rules, regulations, policies and procedures of Abbyland at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Abbyland business, attendance and punctuality are considered essential requirements of every job at Abbyland and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Abbyland, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Abbyland and/or any of its representatives, agents, or vendors and I release all parties involved from any and all liability for any and all damages that may result from providing such information.

I understand that this application is considered current for one calendar year. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

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Signature

Date

**PLEASE USE THE SPACE BELOW TO WRITE ADDITIONAL INFORMATION**

EEO SELF IDENTIFICATION PLEASE PRINT INFORMATION

Abbyland Foods, Inc. is an Equal Opportunity/Affirmative Action Employer.

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information nor on whether you choose to furnish it.

This voluntary information sheet will be kept in a confidential file separate from your personnel file.

PLEASE PRINT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

PERSONAL DATA

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CHECK ONE AND INITIAL

\_\_\_ **WHITE** - (not Hispanic or Latino) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_ **BLACK or AFRICAN AMERICAN**- (not Hispanic or Latino) - All persons having origins in any of the Black racial groups of Africa.

\_\_\_ **ASIAN** - (not Hispanic or Latino) All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian Subcontinent.

\_\_\_ **NATIVE HAWAIIAN or PACIFIC ISLANDER** - (not Hispanic or Latino) All persons having origins in any of the original peoples of Hawaii or of the Pacific Islands.

\_\_\_ **HISPANIC or LATINO** - All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

\_\_\_ **MULTIRACE** - (not Hispanic or Latino) Black or African American AND White

\_\_\_ **MULTIRACE** - (not Hispanic or Latino) Asian AND White

\_\_\_ **MULTIRACE** - (not Hispanic or Latino) American Indian or Alaskan Native AND White

\_\_\_ **MULTIRACE** - (not Hispanic or Latino) American Indian or Alaskan Native AND Black or African American

PLEASE CHECK IF THE FOLLOWING CATEGORIES ARE APPLICABLE

\_\_\_ **DISABLED INDIVIDUAL** - Any person who (1) has a physical or mental impairment that substantially limits one or more of his/her major life activities; (2) has a record of such impairment, or (3) is regarded as having such impairment. A disabled is "substantially limiting" if it is likely to cause a difficulty in securing, retaining or advancing in employment.

\_\_\_ **VIETNAM VETERAN ELIGIBILITY** - Served in armed forces between July 4, 1965 and March 28, 1973 for more than 180 days.

\_\_\_ **DISABLED VETERAN ELEGIBILITY** - A veteran with a disability, service connected or otherwise.

HOW WERE YOU REFERRED TO OUR COMPANY

\_\_\_ Newspaper \_\_\_ Placement Agency \_\_\_ Radio \_\_\_ Other, Explain  
\_\_\_ Employee Reference Name of Employee \_\_\_\_\_ \_\_\_ Placement Agency