

APPLICATION FOR EMPLOYMENT

Burnette Foods, Inc. is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, disability, sexual orientation, gender identity, or any other similarly protected status. We have a Controlled Substance and Alcohol-free Workplace Policy. I understand that should I be offered employment, I will be requested to take a drug screening. Failure to pass the drug screen will eliminate my qualification for employment. Please complete the entire form.



PERSONAL

Application Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number (with area code) _____

Social Security Number _____

Are you 18 years or older? Yes No Are you a U.S. citizen? Yes No (not applicable in California)

Can you, after hire, verify your legal right to work in the United States? Yes No

Have you been previously employed with Burnette Foods? Yes No If yes, date(s) _____

If yes, Supervisor Name(s) _____

Have you filed an application at Burnette Foods before? Yes No If yes, date(s) _____

List any friends or relatives working for Burnette Foods _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED

Position(s) of Interest _____

Kind of work sought: Full Time Part Time Other _____

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) which might in any way interfere with your ability to work full time, including occasional overtime? Yes No

If yes, explain _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired _____

Date available for work _____

EMPLOYMENT EXPERIENCE

List current or most recent job first. List any other position held on a separate sheet.

1	Employer	DATE		Work Performed
	Address	FROM	TO	
	City Zip	State		
	Phone Number (with area code)	HOURLY RATE/SALARY		
	Job Title	STARTING	FINAL	
	Supervisor			
	Reason for Leaving			
2	Employer	DATE		Work Performed
	Address	FROM	TO	
	City Zip	State		
	Phone Number (with area code)	HOURLY RATE/SALARY		
	Job Title	STARTING	FINAL	
	Supervisor			
	Reason for Leaving			
3	Employer	DATE		Work Performed
	Address	FROM	TO	
	City Zip	State		
	Phone Number (with area code)	HOURLY RATE/SALARY		
	Job Title	STARTING	FINAL	
	Supervisor			
	Reason for Leaving			

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans Disability Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EDUCATION & REFERENCES

EDUCATION

EDUCATION	Name/Location	YEARS COMPLETED	DIPLOMA/ DEGREE	COURSES OF STUDY
Elementary				
High School				
College				
Graduate				
Vocational/Training				

REFERENCES (Do not include relatives or former employers)

	NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? _____ Rank at Discharge _____ Date of Discharge _____

Are you in the reserves Yes No If yes, date obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No

If so, where, when and nature of offense _____

Do you have any felony charges pending against you? Yes No

If yes, please explain _____

Are you currently bound by an agreement with a former employer (e.g. noncompete)? Yes No

If yes, please provide a copy.

Do you have a valid driver's license? Yes No License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veteran status, height, weight or age.

State any additional information that you feel may be helpful to us in considering your application _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including by not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary, I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Date _____ Signature _____

☎ 231.264.8116 | jyankee@burnettefoods.com

BURNETTEFOODS.com

200 State Street
PO Box 887
East Jordan, MI 49727

701 US-31 South
PO Box 128
Elk Rapids, MI 49629

4856 First Street
New Era, MI 49446

87171 County Road 687
Hartford, MI 49057

Burnette Farms
8469 Ridge Road
East Jordan, MI 49727