



Employment Application

GLOBE FOOD EQUIPMENT CO. IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF GLOBE FOOD EQUIPMENT CO. TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, VETERAN STATUS, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

When completing this application, do not leave any questions blank. Do not substitute "see resume" for any requested information. Complete one application for every job for which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

PERSONAL DATA			
LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP			BUSINESS PHONE
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No			SOCIAL SECURITY NO.
POSITION DESIRED			SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHEN WOULD YOU BE ABLE TO BEGIN WORK?			
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF NECESSARY, ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR (OTHER THAN TRAFFIC VIOLATIONS)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*IF YES, PLEASE EXPLAIN: _____			
*Please Note: A conviction will not necessarily be a bar to employment. Factors such as date, nature, and number of offenses, age at the time offense, and rehabilitation will be considered.			
HOW DID YOU LEARN OF GLOBE FOOD EQUIPMENT Co.? _____			
ARE YOU RELATED TO ANYONE EMPLOYED BY GLOBE FOOD EQUIPMENT Co.? _____			



Employment Application

EMPLOYMENT HISTORY (List most recent employer first)	
COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (MM/YY) From: _____ To: _____
NAME & TITLE OF SUPERVISOR	HOURLY/ANNUAL PAY START \$ _____ FINISH \$ _____
JOB TITLE & JOB DESCRIPTION	
REASONS FOR LEAVING	

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (MM/YY) From: _____ To: _____
NAME & TITLE OF SUPERVISOR	HOURLY/ANNUAL PAY START \$ _____ FINISH \$ _____
JOB TITLE & JOB DESCRIPTION	
REASONS FOR LEAVING	

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	EMPLOYED (MM/YY) From: _____ To: _____
NAME & TITLE OF SUPERVISOR	HOURLY/ANNUAL PAY START \$ _____ FINISH \$ _____
JOB TITLE & JOB DESCRIPTION	
REASONS FOR LEAVING	



Employment Application

EDUCATION												
	HIGH SCHOOL				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
School Name, Address, and Phone Number												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Course of Study												
Honors Received												
<i>Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.</i>												

SPECIAL SKILLS & TRAINING
OTHER THAN ENGLISH, ARE YOU FLUENT IN ANY LANGUAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____
IN WHICH COMPUTER PROGRAMS DO YOU FEEL YOU HAVE PROFICIENCY? _____
DO YOU HAVE ANY OTHER ADVANCED TRAINING, CONTINUING EDUCATION, OR SPECIAL STUDY EXPERIENCE THAT YOU THINK WOULD BE HELPFUL IN THE POSITION FOR WHICH YOU ARE APPLYING? PLEASE LIST.

REFERENCES			
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER

May we contact your current employer? Yes No



Employment Application

APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by the Company, my employment is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Company or myself. I understand and agree that the Company reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at anytime with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any Company representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of the Company, other than the President or the Controller has any authority to enter into any other agreement or with me or provide me with any assurances relating to any aspect of my employment with the Company, except that the above-mentioned officials of the Company may do so in writing, although the terms of that Agreement cannot contradict the contents of this one. The terms of this Agreement will supersede all others.

I understand that if I am offered employment by the Company, and if I accept that offer, this document will serve as the only and primary Agreement between the Company, its representative and me. I also agree that \$1.00 of the wages I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize the Company to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I also authorize anyone the Company contacts as part of its investigation to release any information they have regarding me or my employment to the Company or its representatives. I also release all parties from all liability for any damage that may result from furnishing this information to the Company. Further, I release the Company from all liability for any information it might deem appropriate to lease regarding me and my employment in the future.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same, and voluntarily agree to all of the provisions contained here. I understand that this document will become part of my official employment record if I am hired.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with Globe Food Equipment or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

APPLICANT'S SIGNATURE

DATE