



Application for Employment

DATE _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

ARE YOU EMPLOYED NOW? Yes No IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes No

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? Yes No

What Type? A B C

What Endorsements? _____

Where _____ When _____

EVER WORKED FOR THIS COMPANY BEFORE? Yes No

Where _____ When _____

Reason for Leaving _____

Name of Last Supervisor at this Company _____

HOW DID YOU FIND OUT ABOUT THIS POSITION?

Online Ad State Employment Office Employment Agency Walk In Other

Friend College Placement Service Newspaper Advertising Website _____

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	SPECIAL TRAINING, CERTIFICATIONS, LICENSES	SPECIAL SKILLS, FOREIGN LANGUAGE, ETC.
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MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? Yes No

Branch of Service _____

Rank _____

Discharge Date _____

FORMER EMPLOYERS *(List below last three employers, starting with most recent)*

NAME OF PRESENT OR LAST EMPLOYER _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

JOB TITLE _____

STARTING DATE _____

WEEKLY STARTING SALARY _____

DESCRIPTION OF WORK _____

LEAVING DATE _____

WEEKLY FINAL SALARY _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? Yes No

NAME OF SUPERVISOR _____

TITLE _____

PHONE NO. _____

NAME OF PRESENT OR LAST EMPLOYER _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

JOB TITLE _____

STARTING DATE _____

WEEKLY STARTING SALARY _____

DESCRIPTION OF WORK _____

LEAVING DATE _____

WEEKLY FINAL SALARY _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? Yes No

NAME OF SUPERVISOR _____

TITLE _____

PHONE NO. _____

NAME OF PRESENT OR LAST EMPLOYER _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

JOB TITLE _____

STARTING DATE _____

WEEKLY STARTING SALARY _____

DESCRIPTION OF WORK _____

LEAVING DATE _____

WEEKLY FINAL SALARY _____

REASON FOR LEAVING _____

MAY WE CONTACT YOUR SUPERVISOR? Yes No

NAME OF SUPERVISOR _____

TITLE _____

PHONE NO. _____

REFERENCES *(List professional references with whom we may contact)*

NAME	ADDRESS	BUSINESS	PHONE

SPECIAL PURPOSE QUESTIONS

Have you been convicted of a felony or misdemeanor within the last 5 years?

Yes No

Describe _____

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

I understand and agree that I may be required to take physical examination and/or a drug test as a condition of hiring or continued employment. I agree to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

Yes No

Are you able to perform each of the following job functions with or without an accommodation?

FOR PRODUCTION:

Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

FOR WAREHOUSE:

Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

FOR SALES:

Yes No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the Company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

ACKNOWLEDGEMENT

You may submit this application by email by hitting "SUBMIT" below. If submitting via email, you acknowledge that by typing your name into this field that it acts as your signature.

You may also print and submit by U.S. mail, faxing or in person, please sign the application. If mailing or presenting in person, send to:

**Mrs. Grissom's Salads
Attention: Human Resources
2500 Bransford Avenue
Nashville, TN 37204**

You may print and fax this application to: **615-251-9763**

DATE _____

SIGNATURE _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with _____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. **I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**
3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

DATE _____

SIGNATURE _____

NAME _____

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**