

SAILORMEN, INC. (a subsidiary of Interfoods of America, Inc.)

EMPLOYMENT APPLICATION

Doto				Social Security #	
Date	_ relephone # .			roman company in an a	
NameLAST	3340 O.M. A.	FIRST	N.	MIDDLE	
		TINOT	IV	IIDDEL	
AddressSTREET	Apt #	CITY	STATE ZIP I	How Long At This Address	
Former Address (if less the	nan one vear)				
	, , , , , ,				
STREET	Apt #	CITY	STATE	ZIP	
Federal and State regulation	tions may prohibit the	hiring of under-	aged applicants. Ind	icate if this applies to	
you. YES / NO If not S	tate Your Age	year	S. The second second second		
Are You A U.S. Citizen?	Yes No	Alien Registrat	ion No	al glada de neurocare to err La talanta de esta pero⊁re	
Have You Served in The					
Does Your Military Experi				The state of the s	
Have You Ever Been Con			and the second s		
			II jes wiieli	villete	
Disposition Of Offenses			140	2 ha y. 	
Were You Ever Employed	By Popeyes? Yes	No If Ye	s when to	wnere	
	Name	Ph	none		
In Case of Emergency Notif	y Tanàna ao amin'ny faritr'i Nobel				
	Address	City	State Relationship		
Ich Applying For	Voors of Polated	Evporioneo	Pate of Pay I	Expected	
Job Applying For		wire, word to reporce	este tipos pitaleen enillagai	beautifus as elected	
Date Available	Can You Work Days _	•	Nights Satu	ırday Sunday	
Are You Willing to Relocat	e Yes No				
List Any Relatives Working	g For Us Now:	11.0277.033.27.137.035.2.1	from days and the statement seems	147 474 1764 170 (1732)	
Should we know of any ph	ysical impairments wh	ich may interfere	with your job perforn	nance?	
	LIST THE HIGHES	ST SCHOOL YO	OU ATTENDED		
Type of School		Name & A		Year	
DDEEDD II COX	IDOE WITH 1 DA 1		DN		
KEFEKKAL SOU	JRCE: Walk-in 🗆 Advert	asement 🗀 Emplo	yee 🗀 Name		

APPLICANTS

YOU MUST BRING THE ORIGINAL COPIES OF PROOF OF YOUR ELIGIBILITY TO WORK IN THE UNITED STATES OF AMERICA AND A PHOTOCOPY FOR YOUR FILES (BOTH CAN BE ON THE SAME PAPER.)

	N ORDER, LAST OR PR		ACCOUNT FO	R LAST 5 YEARS)
PRESENT OR LAST EMPLOYER (PRINT)	ADDRESS NO AND STI	REET CITY	S	TATE ZIP
GIVE NAME OF PERSON FOR WHOM YOU WORKED	TELEPHONE NO.	STARTING DATE	DATE LEFT	SALARY OR WAGE STARTING FINAL
WHAT WERE YOUR SPECIFIC DUTIES	(2) (2) (2) (2) (3) (4) (4) (4) (5) (5)	REASON FOR LEAVING	G	
NEXT PREVIOUS EMPLOYER (PRINT)	ADDRESS NO AND STI	REET CITY	S ⁻	TATE ZIP
GIVE NAME OF PERSON FOR WHOM YOU WORKED	TELEPHONE NO.	STARTING DATE	DATE LEFT	SALARY OR WAGE STARTING FINAL
WHAT WERE YOUR SPECIFIC DUTIES	· · · · · · · · · · · · · · · · · · ·	REASON FOR LEAVING		TrinaL
NEXT PREVIOUS EMPLOYER (PRINT)	ADDRESS NO AND STI	REET CITY	S	TATE ZIP
GIVE NAME OF PERSON FOR WHOM YOU WORKED	TELEPHONE NO.	STARTING DATE	DATE LEFT	SALARY OR WAGE STARTING FINAL
WHAT WERE YOUR SPECIFIC DUTIES	The state of the s	REASON FOR LEAVING	G	TFINAL
employees. Conviction of felonies within the last 1 ing. I UNDERSTAND further that all statements made SAILORMEN INC. I authorize SAILORMEN INC.	by me in connection wit	th my application for e	mployment ma	y be checked by
hereby authorize and direct each such employer a employment and background. I hereby indemnify sof information contacted, and agree to hold them hereby	and source of informatio SAILORMEN INC., each	n to answer any and a of my prior employers	all questions re and each of the	garding my prior ne other sources
I UNDERSTAND that SAILORMEN, INC. is an "at the employment relationship may be terminated at stand that no store manager or representative of t authority to enter into any agreement for employr the foregoing. I also realize that SAILORMEN, Inc. its own discretion, and that the use of progressive	any time at the will of e the Company, other than ment for any specified p is opting to provide me	ither party with or with the President or Chai eriod of time, or to ma with corrective action	out notice to the rman of the Coake any agreed measures at an	ne other. I under- ompany, has any ment contrary to
IF EMPLOYED, I agree to conform to the rules a employment and continued employment, I (will/ma for the presence of drugs or alcohol, and to subn	ay) be required to subminit to any procedure to	it to, and to voluntarily assess my qualification	agree to subn	nit to any testing
Company policies and rules may warrant disciplinate corrections, written warnings, final written warning its sole and absolute discretion, deviate from any pline is deemed appropriate under the circumstance.	gs and/or suspensions. order of progressive d	The system is not form is is and isciplinary actions and	mal; and the C I utilize whatev	use include oral company may, at
corrections, written warnings, final written warning its sole and absolute discretion, deviate from any	gs and/or suspensions. or order of progressive dices, up to and including and fully understand the	The system is not form isciplinary actions and termination of employs	mal; and the C lutilize whatev ment.	use include oral company may, at er form of disci-
corrections, written warnings, final written warning its sole and absolute discretion, deviate from any pline is deemed appropriate under the circumstant I hereby represent and warrant that I have read a	gs and/or suspensions. or order of progressive dices, up to and including and fully understand the	The system is not form isciplinary actions and termination of employs	mal; and the C lutilize whatev ment.	use include oral company may, at er form of disci-
corrections, written warnings, final written warning its sole and absolute discretion, deviate from any pline is deemed appropriate under the circumstant. I hereby represent and warrant that I have read a tions of my own free will and in accordance with many many many many many many many many	gs and/or suspensions. or order of progressive dices, up to and including and fully understand the my own judgment.	The system is not fornisciplinary actions and termination of employs foregoing and seek e	mal; and the C lutilize whatev ment.	use include oral company may, at er form of disci-
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MANAGERS SIGNATURE _____ DATE _____