

Please complete as much information as possible

Applicant Information									
Name (First, MI, Last)			Date						
Street Address			Day Telephone						
			( )						
City, State, Zip			Evening Telephone	Evening Telephone					
			( )						
E-mail Address									
Have you ever been employed by Axium Foo	No 🗌								
If yes, specify the date and position:									
Are you legally authorized to work in the U.S?	)	Yes 🗌	No 🕅						
			e United States is a requi m and Control Act of 1986						
Are you at least 18 years old?		Yes 🗌	No 🗌						
			Indicate shift	1st	2nd	3rd			
Position applying for:			preference using						
When could you start work?			1, 2, and 3						
When could you start work?									
How did you learn of this position? Were you referred by a current employee? If yes, by whom?									
Educational Information									
School name, with city and state			Degree/Diploma	Diploma Major					
High School or GED									
Ducing on Taskainal Osharal									
Business, Trade or Technical School									
College									
Please list any additional training or skills you	have that relate to	the positio	n you're applying for:						
References (Business, Educational, Pr	rofessional)								
Please list those w	ho can comment on y		lities and past performa	nces,					
Please list those wi as the	ho can comment on yo y relate to the position	n for which y	ou are applying.			Years			
Please list those w	ho can comment on y	n for which y	ou are applying.	nces, ession		Years Known			
Please list those wi as the	ho can comment on yo y relate to the position	n for which y	ou are applying.						
Please list those wi as the	ho can comment on yo y relate to the position	n for which y	ou are applying.						
Please list those wi as the	ho can comment on yo y relate to the position	n for which y	ou are applying.						

Employment History								
Account	for all time, i	nost recent position, pl including self-employm ce. please write on a s	nent, part time	work and m	nilitary ass	signments.		
Company Name			separate page and attach it to this application. Type of Business					
Address			Dates Employed	From:			To:	
City	State	Zip	Supervisor/	Contact				
Job Title	.1		Telephone I	Number				
Reason for Leaving (if still employed state	reason for se	eking employment)	May the abov	ve employer b Yes	be contacte	ed at this time No	for a reference?	
Company Name			Type of Business					
Address			Dates Employed	From:			To:	
City	State	Zip	Supervisor/	Contact				
Job Title	4	_	Telephone I	Number				
Reason for Leaving (if still employed state	reason for se	eking employment)	May the abov	re employer b Yes	be contacte	ed at this time No	for a reference?	
Company Name			Type of Bus	iness				
Address			Dates Employed	From:			To:	
City	State	Zip	Supervisor/	Contact			·	
Job Title	<u>.</u>		Telephone I	Number				
Reason for Leaving (if still employed state	reason for se	eking employment)	May the abov	ve employer b Yes	be contacte	ed at this time No	for a reference?	
Applicant's Authorization			<u> </u>					
By signing below, I herby certify that all material inaccuracies contained in this withdrawal of any offer of employment of	application or	r otherwise made by me	in the course	of seeking e	mploymer			
I authorize Axium Foods, Inc. to investi- with me or my employment background whether favorable or unfavorable, about that provides information pertaining to r	I, for the purpe It me or my er	ose of verifying any info mployment. I voluntarily	ormation I have	provided ar	nd/or for th	e purpose of	obtaining any information,	
I understand that should I receive a job	offer, a drug	screening will be requir	ed and a physi	cal examina	tion may b	e required.		
Regardless of whether or not I become understand that employment at Axium I without notice, at any time, at my optior that no Company employee or represen than an officer or official of the Compar	Foods, Inc. is n or the Comp ntative has the	on an at-will basis and bany's, unless specifical e authority to enter into	that my employ ly provided oth a contract rega	yment may b erwise in a v arding duration	be termina written em	ted, with or w ployment con	vithout cause and with or htract. I further understand	
Name (Please Print)								
Signature					Date _			