



Class Produce Group, LLC · TGD Cuts, LLC ·

P.O. Box 2003 • Jessup, Maryland 20794-2003 • MD 410-799-5700 • DC 301-483-9090
Fax 301-483-6477 • Website: www.classproduce.com



AN EQUAL OPPORTUNITY EMPLOYER – PRE-EMPLOYMENT APPLICATION

<i>Please Print – Answer every question fully and accurately.</i>		Date / /	Social Security Number - -	
Name (Last) First Middle				
Present Address (Number Street City State Zip Code)				
Telephone Number () -	Other Number Where You Can Be Reached () -	How did you hear about our company?		
Position Desired	Date You Can Start / /	Pay Rate Expected	Applying For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Shift	
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential functions of the job for which you have applied <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", with reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.	
Are you related to any employee of this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", to whom?	Relationship?	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been <u>convicted</u> of A felony in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	When? / /	On what charges?		
Describe				

EMPLOYMENT HISTORY

Present or Last Employer	Telephone Number () -	Dates Worked From: To:
Employer's Address (Number Street City State Zip Code)		
Job Title	Name of Supervisor and Title	
Reason for Leaving	Final Pay	
Description of Work and Responsibilities		
Next Previous Employer	Telephone Number () -	Dates Worked From: To:
Employer's Address (Number Street City State Zip Code)		
Job Title	Name of Supervisor and Title	
Reason for Leaving	Final Pay	
Description of Work and Responsibilities		
Next Previous Employer	Telephone Number () -	Dates Worked From: To:
Employer's Address (Number Street City State Zip Code)		
Job Title	Name of Supervisor and Title	
Reason for Leaving	Final Pay	
Description of Work and Responsibilities		

Next Previous Employer	Telephone Number () -	Dates Worked From: To:
Employer's Address (Number Street City State Zip Code)		
Job Title	Name of Supervisor and Title	
Reason for Leaving	Final Pay	
Description of Work and Responsibilities		
Do you have any work experience in the produce industry not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe.	

EDUCATIONAL BACKGROUND

Last School Attended – Name and Address	Last Year Completed	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School Attended – Name and Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
List Office and Clerical Skills <input type="checkbox"/> Typing _____ W.P.M. <input type="checkbox"/> 10-Key Calculator <input type="checkbox"/> Computer Skills (Circle those that apply): Word Excel PowerPoint Access Internet		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other – Be Specific		
List Equipment Skills <input type="checkbox"/> Mechanical Forklift <input type="checkbox"/> Pallet Jack Other Equipment _____		
List Certificates and Licenses		

“READ THE FOLLOWING CONDITIONS CAREFULLY AND SIGN TO INDICATE YOUR AGREEMENT”

I hereby certify that the information on this application is accurate. I understand that any false answers or statements or misrepresentations or omissions, made by me on the application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered at anytime after I am employed.

I hereby agree that, if so requested by the Company, I will undergo a pre-employment physical examination (which may, at the discretion of the Company, include drug and alcohol testing) to determine whether I am physically qualified to perform my assigned job. If hired, I agree to undergo physical examinations, drug screens and random drug screens as may be requested by the Company, in accordance with applicable law. I understand that successful completion of all physical examinations (including, at the discretion of the Company, drug and alcohol testing) will be a condition of my employment and/or continued employment, in accordance with applicable law. I consent to the physician, testing agency and/or medical/facility releasing to the Company the results of all of these physical examinations and drug and alcohol testing.

This application does not constitute an express or implied contract. If an employment relationship is established, the Company has the right to terminate my employment at any time with or without cause and I understand that I have a right to terminate my employment at any time with or without cause, and that these rights cannot be altered except by express written agreement signed by myself and an officer of the Company.

If hired: 1) I agree to report anyone in the Company's employ whose conduct is contrary to the best interests of the Company. 2) I agree to report any work related injury to my Manager or Supervisor within 24 hours of occurrence. 3) I agree to obey the rules and regulations of the Company at all times.

I attest that the information provided herein is true and complete to the best of my knowledge. I hereby knowingly and voluntarily authorize the Company to investigate my past record as may be necessary, including verification of my social security number, and I release my former and current employers and all persons whomsoever from any and all liability from damage on account of furnishing said information.

SIGNATURE OF APPLICANT _____ DATE _____

ONLY MARYLAND APPLICANTS NEED SIGN:

“UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

SIGNATURE OF APPLICANT _____ DATE _____

DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS

This serves to advise you that in consideration for employment (including contract for services) with **Class Produce Group, LLC, TGD Cuts, LLC, or CFC Trucking** a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be **National Background Investigations Inc.** PO Box 966, Stevensville, MD 21666

Please be advised you have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You also have the right to make a request of National Background Investigations Inc., upon proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. The nature and scope of the investigative consumer report may be a background check, criminal check, prior employment and/or driving record. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

_____ () _____ () _____
Printed Full Name Home Phone Work Phone

_____ _____ _____ _____
Social Security Number Maiden or other name used Year last used Date of Birth

_____ _____
Drivers License Number State

_____ _____
Signature Date

Equal Employment Opportunity Form

Applicant Information

Full Name: _____
Last First M.I

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Home Phone: _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with the federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

American Indian/Alaskan

Asian/Pacific Islander

Black/African American

Hispanic/Latino

White/Caucasian

Other

Gender

Male:

Female:

Military Service

Yes:

No:

How did you hear about this position?

Newspaper

Company Employee

Professional Publication

Job Fair

Web Site Other _____

Disability _____

It is the policy of the company to provide equal employment opportunity to employees without regard to race, religion, national origin, sex or age. The Class Produce Group 8477 Dorsey Run Rd. P.O. Box 2003 Jessup, MD 20794



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Si lo/la contratamos, ¿ Va a poder probar que tiene pleno derecho de trabajar en los Estados Unidos?

Si: No:

Firma _____

Fecha _____

Will you be able to prove that you have the right to work in the United States if you are hired?

Yes: No:

Signature: _____

Date: _____