



2851 Old Tree Drive · Lancaster, PA 17603 · (717) 392-6612 · www.Kegels.com

Application for Employment

Today's Date:

Personal Information

Name

Street Address

City

State

Zip Code

Telephone

Email

Are you authorized to work in the United States? Yes, I am authorized to work in the US.

Are you 18 years of age or older? Yes, I am 18+.

NOTE: Proof of citizenship or Immigration status will be required upon employment.

Position desired for employment:

Date you could start work:

Desired work status: Full Time
 Part Time If Part Time, how many hours?

Are you available to work overtime? Yes Are you available to work weekends? Yes Are you available to work in shifts? Yes

Are you currently on *layoff* status and subject to recall? Yes

How were you referred to Kegel's Produce Inc.?

Education and Training

What skills or added training do you have that is related to the job for which you are applying?

What equipment or machines can you operate related to the job for which you are applying?

List any professional, business, or civic activities that you feel may be relevant to the job for which you are applying.

(NOTE: Exclude organizations which reveal race, color, religion, sex, national origin, age, veteran status, disability or other protected status.)

School Level	Name & Location	# of Years Completed	Diploma / Degree	Major
High School or GED	Name: <input type="text"/>			
	Location: <input type="text"/>			
College / University	Name <input type="text"/>			
	Location: <input type="text"/>			
Vocational / Technical	Name: <input type="text"/>			
	Location: <input type="text"/>			
Other	Name: <input type="text"/>			
	Location: <input type="text"/>			

Employment History

Please account for all periods of time including military service.

Most Recent Employer

Employer Name

Job Title

Street Address

City

State

Zip Code

Telephone

Supervisor's Name

Employment Dates

Starting Month:

MM

Year:

YYYY

Ending Month:

MM

Year:

YYYY

Wages

Starting:

XXXXX

Ending:

XXXXX

Reason for leaving

Describe duties

May we contact this employer? Yes No you may not

If no, please explain:

Past Employer #2

Employer Name

Job Title

Street Address

City

State

Zip Code

Telephone

Supervisor's Name

Employment
Dates

Starting Month: MM

Year: YYYY

Ending Month: MM

Year: YYYY

Wages

Starting: XXXXX

Ending: XXXXX

Reason for leaving

Describe duties

May we contact this employer? Yes No you may not

If no, please explain:

Past Employer #3

Employer Name

Job Title

Street Address

City

State

Zip Code

Telephone

Supervisor's Name

Employment
Dates

Starting Month: MM

Year: YYYY

Ending Month: MM

Year: YYYY

Wages

Starting: XXXXX

Ending: XXXXX

Reason for leaving

Describe duties

May we contact this employer? Yes No you may not

If no, please explain:

Past Employer #4

Employer Name

Job Title

Street Address

City

State

Zip Code

Telephone

Supervisor's Name

Employment
Dates

Starting Month: MM

Year: YYYY

Ending Month: MM

Year: YYYY

Wages

Starting:

Ending:

Reason for leaving

Describe duties

May we contact this employer? Yes No you may not

If no, please explain:

Have you ever been dismissed or been forced to resign from any position? Yes I have

If you have, please explain:

Have you worked or attended school under another name? Yes I have

If you have, what is the name? Please explain the situation:

Do you have transportation available to ensure regular and punctual attendance? Yes I have transportation available.

Have you ever applied for employment with Kegel's Produce, Inc.? Yes I have

If you have, when?

Have you ever been convicted of or pled guilty or no contest to a felony or misdemeanor? Yes - I have been convicted or pled guilty or no contest.

If you have, please provide details:

Note: Prior convictions will not necessarily be a barrier to employment at Kegel's Produce, Inc. All factors, including the nature of the infraction, the date of the conviction, the rehabilitation and the job for which you are applying will be considered.

Military Experience

If you have served in the military, what special training have you received that is pertinent to the position you are applying for:

References

Please do not include relatives.

Name	Relationship	Address	Telephone	Email

Authorization and Release

Please read carefully before signing.

If employed by Kegel's Produce, Inc., I agree to abide by the rules and regulations of the company which may be changed from time to time at the sole discretion of company management. I declare each of the answers I have given in this employment application to be complete and true to the best of my knowledge. I understand that any false information or omissions will disqualify me from further consideration for employment and will result in my discharge from employment if discovered at a later date.

I understand that as a condition of employment I must be authorized to work in the United States and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I authorize the investigation of all statements contained in this application and authorize any person, school, current employer (unless otherwise noted), past employers and other organizations named in this application to provide relevant information which may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create an employment contract nor guarantee employment for any defined period of time. Further, I understand that, if hired, my employment is "at will" and can be terminated by either me or Kegel's Produce, Inc. at any time for any reason or for no reason, except as provided in an alternative bona fide employment agreement.

I have read, understand, and by my electronic signature, agree to the above statements.

By electronically signing this Application, I acknowledge and agree that (i) I consent to submit this application by electronic means; (ii) my electronic signature is the equivalent of and carries the same validity as my handwritten signature and others may rely on it in connection with my application for employment, including consent to conduct reference checks and/or pre-employment investigations; (iii) it is my obligation to immediately advise Kegel's Produce in the event that I withdraw my consent to use my electronic signature; and (iv) the individual completing this transaction is the individual in whose name the application is made, or is someone authorized to submit this transaction by the person whose name is on the application.

Applicant's electronic signature:

Date:

It is the policy of Kegel's Produce, Inc., that all qualified applicants are given equal opportunity and that selection decisions are based on job-related factors. We do not discriminate on the basis of race, color, religion, and sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability. Kegel's Produce is an Equal Opportunity Employer.

Authorization for Prior Employer to Release Information

Please read paragraph and complete the required information.

I hereby authorize any former employer of mine to release any and all information relating to my employment with them to Kegel's Produce. I further release and hold harmless both former employers and Kegel's Produce from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

To electronically sign this release, type your full name in the text box below.

By electronically signing this Application, I acknowledge and agree that (i) I consent to submit this application by electronic means; (ii) my electronic signature is the equivalent of and carries the same validity as my handwritten signature and others may rely on it in connection with my application for employment, including consent to conduct reference checks and/or pre-employment investigations; (iii) it is my obligation to immediately advise Kegel's Produce in the event that I withdraw my consent to use my electronic signature; and (iv) the individual completing this transaction is the individual in whose name the application is made, or is someone authorized to submit this transaction by the person whose name is on the application.

XXX-XX-

Electronic signature of Employee
Provide name used at time of previous employment.

Last 4 Digits of Social Security Number Date

To be completed by prior employer...

Prior Employer Name _____

When was this individual employed by you? Start: _____ / _____ / _____ End: _____ / _____ / _____

Individual's position? _____

Is the individual eligible for rehire? yes no

Previous employer's comments:

Completed by _____

Title _____

Date _____ / _____ / _____

Please fax completed form to:

Human Resources Department
Kegel's Produce
(717) 392-2758

OR

Please email completed form to: HR@kegels.com

Kegel's Produce is an Equal Opportunity Employer.