



# WAREHOUSE APPLICATION

DIXIE PRODUCE, INC. 803 E 12<sup>TH</sup> STREET, CHATTANOOGA, TN 373403

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

In compliance with Federal State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non job related disability, or any other protected group status.

NOTICE: THIS APPLICATION **MUST** BE FILLED OUT COMPLETELY AND ACCURATELY IN ORDER FOR EMPLOYMENT TO BE CONSIDERED.

POSITION APPLIED FOR: \_\_\_\_\_ SALARY/WAGE DESIRED: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
LAST FIRST MI

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

LIST YOUR ADDRESSES OF RESIDENCY FOR THE PAST THREE YEARS

CURRENT ADDRESS \_\_\_\_\_  
HOW LONG? \_\_\_\_\_ STREET CITY STATE & ZIP

PREVIOUS ADDRESS \_\_\_\_\_  
HOW LONG? \_\_\_\_\_ STREET CITY STATE & ZIP

HAVE YOU FAILED OR REFUSED ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST? YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

YOU MUST BE 21 YEARS OF AGE. CAN YOU PROVIDE PROOF OF AGE? YES NO

HAVE YOU BEEN EMPLOYED BY THIS COMPANY BEFORE? YES NO IF YES, WHEN? \_\_\_\_\_

WHAT POSITION \_\_\_\_\_ REASON FOR LEAVING? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_ CAN WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_

IF UNEMPLOYED, HOW LONG SINCE LEAVING YOUR LAST EMPLOYER? \_\_\_\_\_

WHAT DATE WILL YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

WHAT HOURS ARE YOU AVAILABLE TO WORK? FULL TIME PART TIME SHIFT WORK TEMP

ARE THERE ANY HOURS OR DAYS YOU ARE UNAVAILABLE OR UNWILLING TO WORK? \_\_\_\_\_

IF YES, PLEASE SPECIFY \_\_\_\_\_ ARE YOU WILLING TO WORK OVERTIME? \_\_\_\_

DO YOU EXPECT TO BE WORKING IN ANY OTHER BUSINESS OR JOB WHILE EMPLOYED WITH OUR COMPANY? \_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME INCLUDING DWI WITHIN THE PAST SEVEN YEARS? \_\_\_\_\_  
DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS

IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? \_\_\_\_\_ IF YES, PLEASE EXPLAIN IF YOU WISH \_\_\_\_\_

## EMPLOYMENT HISTORY

EMPLOYER	DATE	
NAME	FROM MO./YR.	TO MO./YR.
ADDRESS	/	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE #	
POSITION HELD	SALARY/WAGE	
REASON FOR LEAVING		

EMPLOYER	DATE	
NAME	FROM MO./YR.	TO MO./YR.
ADDRESS	/	/
CITY	STATE	ZIP
CONTACT PERSON	PHONE #	
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ADDRESS	____ / ____	____ / ____
CITY	STATE	ZIP
CONTACT PERSON	PHONE #	
POSITION HELD	SALARY/WAGE	
REASON FOR LEAVING		

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	1	2	3	4	5	6	7	8	9	10	11	12	COLLEGE	1	2	3	4
HIGH SCHOOL ATTENDED (NAME)													CITY	STATE			
COLLEGE ATTENDED													CITY	STATE			
LAST SCHEEL ATTENDED (NAME)													CITY	STATE			

SHOW SPECIAL COURSES OF TRAINING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY SPECIAL EQUIPMENT OR TECHINAL MATTERS YOU CAN WORK (OTHER THAN THOSE ALREADY SHOWN)? \_\_\_\_\_

\_\_\_\_\_