

NOTIFICATION OF DRUG TESTING

Sherwood Food Distributors is committed to the goal of obtaining a drug-free work environment. Consistent with this goal, Sherwood Food Distributors has implemented a comprehensive SUBSTANCE ABUSE POLICY, which contains provisions for testing for the use of controlled substances. In addition, ANY JOB APPLICANT CONSIDERED "OTHERWISE QUALIFIED" FOR EMPLOYMENT WILL BE REQUIRED TO UNDERGO A DRUG TEST FOR THE USE OF CONTROLLED SUBSTANCES, including but not limited to marijuana, cocaine, opiates, amphetamines and phencyclidine.



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

LAST NAME, FIRST, MIDDLE INITIAL _____ DATE _____

HOME ADDRESS			PERMANENT ADDRESS (If different)		
STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE – AREA CODE		NUMBER	Email Address		

EMPLOYMENT INFORMATION

How Did You Learn About Us?
 Advertisement Friend Walk In Employment Agency Relative Other _____

Previous Employee: What Period of time did you work for Sherwood: _____ Which Sherwood Location(s): _____

Position(s) applied for: (Do not put "any" or "open", must specify a job) _____ Salary Desired: _____

Night Order Selector Clerical Misc. _____ \$ _____ - per hour

Are you presently authorized to work in the U.S. on a full time basis?
 YES NO

If you have applied before, state when and where:
 Date(s): _____ Location(s): _____
 Do you have a relative that works for us? YES NO
 If yes, whom: _____

Have you ever been convicted of a Felony? If yes, please explain:
 YES NO

Do you believe you can perform the essential functions of the job for which you are applying? YES NO

Hours of Work: At most locations, we are required to be open for business 24 hours a day, 7 days a week, including holidays. Workdays and hours may be changed from time to time. Therefore, we need to know the days and hours you are available to work.

Will you work any day of the week including Saturdays, Sundays and Holidays? YES NO Will you work a shift any time during the day or night, including overtime? YES NO

If "no", which days and hours are you **not** available to work? _____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	GRADUATED?		TYPE OF DEGREE, DIPLOMA/CERT.	MAJOR FIELD/STUDY
		YES	NO		
High School		<input type="checkbox"/>	<input type="checkbox"/>		
College or University		<input type="checkbox"/>	<input type="checkbox"/>		
School or Other Formal Education		<input type="checkbox"/>	<input type="checkbox"/>		

FOREIGN LANGUAGES (List fluent only)

- 1.
- 2.

- | | | |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> READ | <input type="checkbox"/> WRITE | <input type="checkbox"/> SPEAK |
| <input type="checkbox"/> READ | <input type="checkbox"/> WRITE | <input type="checkbox"/> SPEAK |

EMPLOYMENT EXPERIENCE

PLEASE LIST YOUR JOB HISTORY FOR A MINIMUM OF THE PAST FIVE YEARS

Company Name	Dates Employed		Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving	
	Month	Year				
	From:		Starting: \$ per			
Company Address	To:		Final: \$ per			Supervisor:
()	Notes:					

Company Name	Dates Employed		Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving	
	Month	Year				
	From:		Starting: \$ per			
Company Address	To:		Final: \$ per			Supervisor:
()	Notes:					

Company Name	Dates Employed		Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving	
	Month	Year				
	From:		Starting: \$ per			
Company Address	To:		Final: \$ per			Supervisor:
()	Notes:					

Company Name	Dates Employed		Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving	
	Month	Year				
	From:		Starting: \$ per			
Company Address	To:		Final: \$ per			Supervisor:
()	Notes:					

DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR CURRENT EMPLOYER(S) TO VERIFY THE ABOVE?

No, you may contact at any time

Do not contact now. You may contact at a later time.

(Please specify when, e.g., after acceptance of offer or a specific date, if appropriate):

References: Provide names of three (3) persons not related to you, whom you have known at least one (1) year.

Name	Address and phone number	Employer & Title	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been employed by Sherwood Food Distributors Inc, or one of their subsidiaries? YES NO

If yes, please list the company and the circumstances of your termination of employment from any such position:

TERMS OF EMPLOYMENT – PLEASE READ THE FOLLOWING CAREFULLY

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Sherwood Food Distributors (herein called the Company) to verify such information and to contact any reference given by me, and I release the Company from any and all claims arising from such verification and reference efforts. If I am employed by the Company I agree that:

1. My employment shall be in accordance with the terms of (a) this application, (b) Company rules and regulations and any amendments thereto and (c) any applicable labor agreement. The Company shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.
2. I understand and agree that, unless modified by a formal employment contract or an applicable collective bargaining agreement, my employment is at-will, and I may be terminated at any time, with or without cause and with or without notice. In that event, the Company's only obligation will to pay wages or salary due to me through the date of termination, except as otherwise required by law. Without limitation, failure to abide by Company rules and regulations, failure to pass any Company physical examination and the falsification of any information given by me in this application will entitle the Company to terminate my employment as permitted by law.
3. I will submit to medical examination(s) by a physician appointed by the Company at such time(s) as it may request, and will submit to such examination before making any claim for injuries suffered in connection with my employment as permitted by law.
4. I agree that my employment may be contingent upon my meeting all placement considerations, including medical requirements.
5. All rights, titles and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me, which affect or relate to the Company's business shall vest in the Company and I shall have no personal right, title or interest whatsoever therein.
6. The Company, and any person or concern it may authorize, shall be entitled, without further consent or consideration, to copyright, sell or use in any manner, any picture or photograph of me.
7. If any injury to me or death in connection with my employment shall be subject to workers' compensation laws or to a Company paid on the job injury and accident benefit plan, I waive for myself, my heirs and representative, to the full extent permitted by law, all actions at law against the Company for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am stationed at the time of such injury or death or by such plan.
8. To the extent permitted by law, the Company shall have the right at any time after the termination of employment to furnish to others information concerning my employment record with the Company, including the information contained in this application.
9. I agree not to disclose any of the Company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the Company is terminated.
10. I understand and agree that an offer of employment, and my continued employment with the Company, is contingent upon satisfactory proof of my authorization to work in the United States.
11. I understand and agree that any offer of employment, and my continued employment with the Company, is contingent upon passing a drug-screening test.
12. It is agreed that arbitration shall be the sole mechanism for bringing a legal claim against the Company and/or the client for matters relating to employment discrimination. Arbitration must be commenced with the American Arbitration Association within one (1) year of the date the claim arises and that judgment upon an award may be entered by any court of competent jurisdiction. If any portion of the agreement is determined to be unenforceable or invalid, this agreement shall still remain in full force and effect to the fullest extent allowable by law.

I also understand that the Company will rely on the information I have provided in this Application, and that falsification of any information I have provided in this Application or in connection with my employment will be grounds for immediate termination regardless of when the falsification is discovered.

In addition, I authorize Sherwood Food Distributors to initiate an investigation as outlined above.

Dated:	Signature of Applicant (in ink):
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**Sherwood Food Distributors is proud to be an Equal Opportunity Employer (M/F/V/D)
We are an E-Verify Employer**





Sherwood Food Distributors

Background Check Authorization An E-Verify Employer

In connection with your application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: driving record, court record, education, credentials, credit, and references.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby certify that I have received a summary of my rights under Appendix A to Part 601 of the FCRA and that this request for a Consumer Investigative Report meets the requirements of permissible purpose under Section 604 of the FCRA and that information obtained will not be used in violation of any federal or state equal opportunity regulation, and that, if any adverse action is taken based on the computer report, a copy of the report and a summary of my consumer rights will be provided to me.

By my signature below, I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contracted by IntelliCorp, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

****I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)**

Print Full Legal Name: _____

Any other Names Used: _____

Social Security Number: _____ Date of Birth: _____

Current Street Address: _____

City, State and Zip: _____

Previous Address: _____

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.

- Male Female
- Asian Black Hispanic White Other

Signature: _____ Date: _____