



Meiji America Inc.

APPLICATION FOR EMPLOYMENT
MEIJI AMERICA INC. / D.F. STAUFFER BISCUIT CO., INC.

EQUAL OPPORTUNITY EMPLOYER

Meiji America Inc. / D.F. Stauffer Biscuit Company Inc. is an Equal Employment Opportunity Employer. We do not discriminate on the basis of any characteristic protected by federal, state or local law.

PLEASE PRINT ALL INFORMATION CLEARLY AND SEND COMPLETED APPLICATIONS VIA EMAIL TO CAREERS@STAUFFERS.COM OR BY MAIL P.O. BOX 12002 YORK, PA 17402-0672 ATTENTION: HUMAN RESOURCES.

DATE

PERSONAL INFORMATION

NAME LAST FIRST MIDDLE INITIAL

ADDRESS STREET CITY STATE ZIP CODE

TELEPHONE AREA CODE NUMBER EMAIL ADDRESS

SOCIAL SECURITY NO.

DO YOU KNOW ANYONE CURRENTLY EMPLOYED BY THIS COMPANY? YES NO

IF SO, PLEASE STATE THE NAME(S) OF SUCH PERSON(S):

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN A JOB FOR WHICH YOU ARE APPLYING? YES NO

(NOTE: IF HIRED, YOU MUST COMPLETE THE I-9 FORM REQUIRED BY THE U.S. IMMIGRATION AND NATURALIZATION SERVICE NO LATER THAN THREE BUSINESS DAYS AFTER YOUR DATE OF HIRE.)

EMPLOYMENT DESIRED

AREA OF INTEREST: MANUFACTURING OFFICE RETAIL

POSITION APPLIED FOR:

1ST SHIFT (7:00 AM to 3:00 PM) 2ND SHIFT (3:00 PM to 11:00 PM) 3RD SHIFT (11:00 PM to 7:00 AM)

DATE YOU CAN START: MONTH DAY YEAR

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHEN

HAVE YOU EVER WORKED HERE THROUGH A TEMP AGENCY? YES NO WHEN

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO WHEN

SUPERVISOR REASON FOR LEAVING

EDUCATION

	<u>1 2 3 4 5 6 7 8</u> GRADE SCHOOL	<u>9 10 11 12</u> HIGH SCHOOL	<u>1 2 3 4</u> COLLEGE
HIGHEST GRADE COMPLETED			
NAME OF SCHOOL LAST ATTENDED _____			
VOCATIONAL OR TRADE TRAINING _____			

CAREER EXPERIENCE

LIST BELOW YOUR WORK EXPERIENCE, STARTING WITH YOUR PRESENT OR MOST RECENT PLACE OF EMPLOYMENT.

DATES EMPLOYED FROM TO		NAME AND ADDRESS OF EMPLOYER	POSITION AND SALARY	DUTIES	REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF ASSUMED NAME OR NICKNAME, NECESSARY TO ENABLE THE COMPANY TO VERIFY YOUR WORK RECORD? YES _____ NO _____

IF YES, PLEASE EXPLAIN. _____

APPLICANT'S STATEMENT

I understand that any employment by the Company will be on a 90-day introductory basis. If employed by MEIJI AMERICA INC. / D.F. STAUFFER BISCUIT CO., INC., I agree to abide by its rules and regulations. The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts herein will be cause for my immediate dismissal. I authorize the Company to contact my references and former employers for full information. I release from all liability and responsibility all persons and entities requesting or supplying information about my employment experience listed on this application, including my present employer. I understand and agree that I must, as a condition of employment, successfully complete a physical examination, including a drug and alcohol test. I also agree that the examining physician may disclose the findings of the tests to the Company or an authorized agent of the Company.

APPLICANT'S SIGNATURE

DATE

D. F. STAUFFER BISCUIT CO., INC.

**CONSENT FOR SUBSTANCE ABUSE SCREENING AND
RELEASE OF RELEVANT MEDICAL INFORMATION**

I hereby consent to provide a urine specimen that will be tested to determine the presence of illegal substances.

I also consent to have the results of this test released to the D. F. Stauffer Biscuit Co., Inc. Human Resources Office.

I understand that my refusal to sign this consent form constitutes a violation of the D. F. Stauffer Biscuit Co., Inc. Employment Substance Abuse Screening Policy, and I will not be considered for, and knowingly waive any possibility of employment with the D. F. Stauffer Biscuit Co., Inc.

This authorization shall be effective immediately and be in effect for the remainder of the calendar year from the date noted below. I understand that I have the right to receive a copy of this authorization request.

I have read, understand and agree to the above.

Signature

Date

Witness

Date

REFUSED:

Signature

Date

Witness

Date

Reason for Refusal: _____
