

AVI FOODSYSTEMS, Inc.

2590 Elm Road N.E. Warren, Ohio 44483

Visit our website at www.AVIFoodsystems.com

At AVI FOODSYSTEMS, Inc., we take pride in our attention to detail. This begins with each potential team member thoroughly completing each section of this application. This application must be personally signed by the applicant.

PLEASE PRINT NEATLY AND USE INK.

DATE OF APPLICATION (Today's Date) _____ **POSITION APPLIED FOR** _____

Last Name	First	Middle	Former Name, if any		
()		()			
Social Security No.	Telephone No.	Cell Phone No.	Email Address		
Present Address No.	Street	City	State	Zip Code	County
Previous Address No.	Street	City	State	Zip Code	County
Length of time at Present Address _____		Length of time at Previous Address _____			

You must list all residences in the past 7 years. Attach an additional sheet if necessary

Are you 18 years of age or older? Yes No

Do you have the legal right to work in the U.S.? Yes No

If no, list your date of birth _____

If hired, can you provide evidence of your legal right to work in the U.S.? Yes No

Please explain how you would be an asset to the company and what skills and qualities you would bring to this job:

What hourly rate/salary range are you seeking? _____	Are you interested in (Check only one box): <input type="checkbox"/> Either Full time or Part time Work <input type="checkbox"/> Full time Work <input type="checkbox"/> Part time Work
Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Shifts <input type="checkbox"/> Overtime <input type="checkbox"/> Holidays	Do you have reliable transportation to get to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on layoff status, subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
In the event of an emergency, who should be notified? Name: _____ Relationship: _____ Place of Business: _____	
TELEPHONE NO. HOME: () _____	WORK: () _____ CELL: () _____

If you receive a job offer from us, on what date would you be available for work? _____	Have you ever been employed by AVI or by another vending, dining and/or concession food service company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give company name and dates employed _____
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How were you referred to AVI FOODSYSTEMS, Inc.? <input type="checkbox"/> Walk-In <input type="checkbox"/> Job Fair – Name: _____ <input type="checkbox"/> Flier <input type="checkbox"/> Newspaper – Name: _____ <input type="checkbox"/> AVI Team Member – Name: _____ <input type="checkbox"/> School – Name: _____ <input type="checkbox"/> Online – Website: _____ <input type="checkbox"/> Other – Explain: _____	List any friends and/or relatives working for AVI FOODSYSTEMS, Inc. Name _____ Relationship _____
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AVI FOODSYSTEMS, Inc. subscribes without reservation to all federal, state and local statutes which prohibit discrimination in employment because of race, creed, color, age, sex, sexual preference, religion, national origin, disability, or veteran's status. Answers to information requested in this application will be evaluated solely for the purpose of determining your qualifications to perform the job for which you are applying.

Do you have a valid:

Driver's License? Yes No

C.D.L. License? Yes No

Class A B C

Has your license ever been revoked or suspended?
 Yes No If yes, please give explanation and date: _____

Have you had any driving violations within the past three years?
 Yes No If yes, please give explanation and date: _____

Only answer the following question if you are applying for a driving position:
 Do you have any conditions or restrictions that prevent you from safely operating a motor vehicle?
 Yes No If yes, please give details: _____

Have you ever been convicted of a felony? Yes No If yes, state conviction, date and description. **List all.**

Have you ever been convicted of a misdemeanor (other than a traffic offense)? Yes No If yes, state conviction, date and description. **List all.**
 Massachusetts Applicants **ONLY:** Limit any response regarding misdemeanor convictions to the last five (5) years and to those which were not a first offense for drunkenness, simple assault, affray, speeding, a minor traffic violation or disturbing the peace.

A criminal conviction will not necessarily disqualify you from consideration.

Do you have any outside activities that would prevent you from working your regularly scheduled hours? Yes No

If Yes, Explain: _____

Do you use any tobacco products?
 Yes No
 AVI FOODSYSTEMS, Inc. does not permit the use of tobacco products while on the job or on any property owned, leased or used by AVI.

List 4 hobbies, interests, or extracurricular activities:

1) _____ 3) _____

2) _____ 4) _____

EDUCATION

Check the highest level or equivalent completed:

Elementary School	High School	College / Tech	Grad School	Are you currently a student?
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8 or less	9 10 11 12	1 2 3 4	1 2 3	

	NAME / CITY, STATE, ZIP CODE	COURSE	HONORS RECEIVED / GPA	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL, APPRENTICE, BUSINESS OR VOCATIONAL SCHOOL					

MILITARY

Were you in the U.S. Armed Forces? If Yes, what branch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Rank?												
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td>Service Dates</td> <td>From</td> <td></td> <td>To</td> <td></td> <td></td> </tr> </table>	Mo.	Day	Year	Mo.	Day	Year	Service Dates	From		To			Please list duties including special training:
Mo.	Day	Year	Mo.	Day	Year								
Service Dates	From		To										
Have you taken any training under the G.I. Bill of Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify:													

A COMPLETE EMPLOYMENT HISTORY IS REQUIRED

Begin with current/most recent employer and you must go back to during or after high school. List **entire** work history.
Please complete all questions for each employer.

Have you ever been dismissed or asked to resign from any employer? Yes No If yes, please explain _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO NOT CURRENTLY EMPLOYED
If not currently employed, explain reason for period of unemployment longer than three (3) months from last job until present: _____

CURRENT/MOST RECENT EMPLOYER		Dates Employed		Type of Work Performed		
Employer		FROM (Mo/Yr) TO (Mo/Yr)				
Address	City State					
Your Job Title ()		Hourly Rate/Salary		Check One		Hours Worked per Week
Name of Supervisor Telephone No.		Starting	Final	Full Time	Part Time	

Please explain in detail reason for leaving: _____

Explain reason for period of unemployment between employers: _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

PREVIOUS EMPLOYER		Dates Employed		Type of Work Performed		
Employer		FROM (Mo/Yr) TO (Mo/Yr)				
Address	City State					
Your Job Title ()		Hourly Rate/Salary		Check One		Hours Worked per Week
Name of Supervisor Telephone No.		Starting	Final	Full Time	Part Time	

Please explain in detail reason for leaving: _____

Explain reason for period of unemployment between employers: _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

PREVIOUS EMPLOYER		Dates Employed		Type of Work Performed		
Employer		FROM (Mo/Yr) TO (Mo/Yr)				
Address	City State					
Your Job Title ()		Hourly Rate/Salary		Check One		Hours Worked per Week
Name of Supervisor Telephone No.		Starting	Final	Full Time	Part Time	

Please explain in detail reason for leaving: _____

Explain reason for period of unemployment between employers: _____

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No Were you subject to the Federal Motor Carrier Safety Regulations while employed? Yes No

EMPLOYMENT HISTORY (Cont.)

PREVIOUS EMPLOYER				Dates Employed		Type of Work Performed		
Employer				FROM (Mo/Yr) TO (Mo/Yr)				
Address	City	State	Zip					
Your Job Title				Hourly Rate/Salary		Check One		Hours Worked per Week
()				Starting	Final	Full Time	Part Time	
Name of Supervisor		Telephone No.						

Explain in detail reason for leaving:

Explain reason for period of unemployment between employers:

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No Were you subject to the Federal Carrier Motor Safety Regulations while employed? Yes No

•••PLEASE LIST ADDITIONAL JOBS ON A SEPARATE SHEET OF PAPER•••

Explain reason for period of unemployment longer than three (3) months between high school and your first employer: _____

PERSONAL REFERENCES

Name three (3) persons, not relatives or employers, who have known you for more than one (1) year:

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP	YEARS KNOWN

The Secretary of Health and Human Services has determined that certain diseases, including hepatitis A, salmonella, shigella, staphylococcus, streptococcus, giardia and campylobacter may prevent you from serving food or handling food equipment in a sanitary or healthy fashion. If an essential function of this job involves handling and serving food, food service equipment and utensils in a sanitary and healthy fashion, is there any reason why you cannot perform the essential functions of this job? Yes No

If yes, explain: _____

Please read the following statements carefully as they constitute the conditions under which you may be employed by AVI FOODSYSTEMS, Inc.

I agree and understand that as a condition of employment:

- (1) A physical examination with results satisfactory to the company may be required.
- (2) I hereby give AVI FOODSYSTEMS, Inc., the right to make a thorough investigation of my past employment, education, and activities and I will release from all liability all persons, companies, and corporations supplying such information. The types of information in the report that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference checks; credit reports; licensing and certification checks and drug testing results. I indemnify AVI FOODSYSTEMS, Inc. against any liability which might result from making such investigations. I understand that any false answer, statement, implication or omission made by me in this application or other required documents shall be considered sufficient cause for denial of employment or termination. I am advised that a negative background check will not necessarily disqualify me from employment. However, if I do not meet the AVI FOODSYSTEMS, Inc.'s employment standards and/or those of the AVI FOODSYSTEMS, Inc.'s client, I could be subject to termination. The information obtained through these investigations may be released to the AVI FOODSYSTEMS Inc.'s clients as required to gain entrance into facilities for business purposes.
- (3) I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between AVI FOODSYSTEMS, Inc. and myself. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment may end at the will of my employer at any time without notice. I also understand that no one except the President and CEO of AVI FOODSYSTEMS, Inc. is authorized to make any statements or promises limiting the company's right to terminate my employment at will.
- (4) I agree that any claim or lawsuit relating to my service with AVI FOODSYSTEMS, Inc. must be filed no later than one year after the date of the employment action that is the subject of the claim or lawsuit. I waive any longer statute of limitations, and I understand that my agreement may reduce the amount of time within which I would otherwise be permitted to file a claim or lawsuit under the law.
- (5) A pre-employment drug screen test is required. Evidence of illicit drugs in my system does disqualify me from employment.
- (6) This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

Preparer and/or Translator Certification: To be completed and signed if application is prepared by a person other than the applicant. I attest that I have assisted in the completion of this application and that to the best of my knowledge the information is true and correct. The applicant still must sign above.

Preparer's/Translator's Signature _____

Date _____

AVI FOODSYSTEMS, Inc. NOTICE AND ACKNOWLEDGMENT
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

AVI FOODSYSTEMS, Inc. may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by employeescreenIQ, PO Box 22627, Cleveland, OH 44122-0627, 1-800-235-3954. The scope of this notice and authorization is all-encompassing, however, allowing AVI FOODSYSTEMS, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting employeescreenIQ directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge I have reviewed the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I hereby give AVI FOODSYSTEMS, Inc. the right to make a thorough investigation of my past employment, education, and activities and I will release from all liability all persons, companies, and corporations supplying such information. The types of information in the report that may be obtained include but are not limited to: social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference checks; credit reports; licensing and certification checks and drug testing results. I indemnify AVI FOODSYSTEMS, Inc. against any liability which might result from making such investigations. I understand that any false answer, statement, implication or omission made by me on AVI FOODSYSTEMS, Inc.'s employment application or other required documents shall be considered sufficient cause for denial of employment or termination. I am advised that a negative background check will not necessarily disqualify me from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions. However, if I do not meet the AVI FOODSYSTEMS, Inc.'s employment standards and/or those of the AVI FOODSYSTEMS, Inc.'s client, I could be subject to termination. A copy of the drug test results and/or the information obtained through these investigations may be released to the AVI FOODSYSTEMS, Inc.'s clients as required to gain entrance into facilities for business purposes.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and, any other person, organization or agency with any information about or concerning me to furnish any and all background information requested by employeescreenIQ, another outside organization acting on behalf of AVI FOODSYSTEMS, Inc. itself. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that any false statements will be considered as a cause for denial of employment or termination. This release also serves as a release of workers compensation records. **U.S. DATALINK**, a vendor of employeescreenIQ, is also authorized to procure a Workers Compensation report on me on behalf of employeescreenIQ and AVI FOODSYSTEMS, Inc. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original. Refusal to sign this notice and acknowledgement may disqualify me from employment with AVI FOODSYSTEMS, Inc.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

Print Name	Signature	Date	
Social Security Number	Date of Birth (for identification purposes only)	Drivers License Number	State
Current Address			
Previous Address(s) for the past 7 years (complete Residency Addendum if necessary)			
List ALL other names you have been known by (including maiden name)			

Managers Use Only

Applicant

<input type="checkbox"/> Current Employee	Branch / Café	Position Applied for	Manager's Signature (full, legible, signature required)
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