

ONLINE APPLICATION FOR EMPLOYMENT
HR-AFE-0914 Revision #1



Turano Baking Company

Date _____

**Position(s)
Applied For:** _____

What type of position are you applying for?

- Full-Time Part-Time

What days and hours are you available to work?

If your application is considered favorably,
on what date can you begin work? _____

At which facility are you applying for a position?

- Campagna-Turano Bakery, Inc., Berwyn, Illinois
 Knead Dough Baking Company, Bolingbrook, Illinois
 Turano Georgia Bread, LLC, Villa Rica, Georgia
 Turano Florida Bun, LLC, Orlando, Florida

To Applicant: We deeply appreciate your interest in Campagna-Turano Bakery, Inc., and its affiliates ("Turano"), and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating your qualifications and in giving your application full consideration. Please answer all questions fully and accurately, and please print legibly.

Turano strictly prohibits all forms of discrimination and harassment (including sexual harassment) of any employee based upon that person's race, color, religion, national origin, sex, age, and any other basis protected by federal, state, or local statute, ordinance, or regulation. Turano is committed to the prevention of any and all impermissible discrimination and harassment.

1. Personal Information Are you 18 years of age or older? Yes No Social Security Number: _____

Name: _____
First Middle Last

Address: _____
Number Street Apt. City State Zip Code

Telephone: _____
Primary Secondary

Are you legally eligible to work in the United States of America? Hire will be subject to verification of employment eligibility. Yes No

Have you worked for this company before? Yes No If so, when and where? _____

Do you currently have any family members working for Turano? Yes No If so, who? _____

If you are working now, may we contact your employer? Yes No If "No", state reason: _____

How did you hear about employment at Turano? Walk-In Advertisement Employee Other _____

Owner/Creator:

Approved: **VP Operations**

Approved: **SQF Practitioner**

2. Employment History

List below all present and past employment, both Full-Time and Part-Time. **START WITH YOUR MOST RECENT EMPLOYER.**

Name of Employer: _____

Address: _____
Number Street Apt. City State Zip Code

Type of Business: _____

Phone Number _____ Your Supervisor's Name: _____

Your position and duties: _____

Employed (state month and year): From: _____ To: _____

Weekly pay: Starting: _____ Ending: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____
Number Street Apt. City State Zip Code

Type of Business: _____

Phone Number _____ Your Supervisor's Name: _____

Your position and duties: _____

Employed (state month and year): From: _____ To: _____

Weekly pay: Starting: _____ Ending: _____

Reason for leaving: _____

Name of Employer: _____

Address: _____
Number Street Apt. City State Zip Code

Type of Business: _____


Phone Number _____ Your Supervisor's Name: _____

Your position and duties: _____

Employed (state month and year): From: _____ To: _____

Weekly pay: Starting: _____ Ending: _____

Reason for leaving: _____

Owner/Creator: 

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Approved: **SQF Practitioner** 

3. Drivers Licenses

Section 3 must be completed to be considered for one of the following positions: **Route Salesman, Transport Driver, or Sales Interviewer will verify the below information.**

Do you presently hold a valid commercial or chauffeur's license by the state in which you are seeking employment? Yes No

If yes, specify: State _____ License No. _____ Date Issued _____ Expiration Date _____

Any Restrictions? _____

Has your license ever been suspended or revoked? Yes No If yes, explain: _____

Please list all other licenses, valid or expired that have been issued to you.

State _____ License No. _____ Date Issued _____ Expiration Date _____
 State _____ License No. _____ Date Issued _____ Expiration Date _____
 State _____ License No. _____ Date Issued _____ Expiration Date _____

Do you presently hold a valid operator's license? Yes No If yes, specify: State _____ License No. _____

Date Issued _____ Expiration Date _____ Any Restrictions? _____

TRAFFIC CONVICTIONS (During preceding 3 years)


Name of Court	Location	Date	Charge	Penalty

Indicate below any awards you have received for safe driving and from whom:

DRIVING EXPERIENCE

Type of Equipment	Number of Years Experience	Approximate Number of Miles
<input type="checkbox"/> Straight Truck		
<input type="checkbox"/> Tractor and Semi-Trailer		
<input type="checkbox"/> Tractor and Full Trailer		
<input type="checkbox"/> Other _____		

In what states have you driven regularly? _____

Owner/Creator: 

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Drivers Licenses

(continued)

DRIVING ACCIDENTS

	Date	Vehicle Driven	Property Damage?	Fatality or Injury?	Description of Accident
Most Recent					
Next Previous					
Next Previous					
Next Previous					

How many accidents have you had in the past year? _____ 2 years? _____ 3 years? _____ 4 years? _____ 5 years? _____

Each applicant is required to provide Turano with a driving abstract dated no later than 14 days out from the date of interview.

4. All Applicants

Do you have any other experience, training, or skills which you feel would especially qualify you for work with Turano? If so, please explain:

Education

School	Name and Address	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School					
College					
Trade, Business or Other					

Have you ever changed your name or used any other last name, such as an assumed name, or a nickname? If yes, and we should have this information in order to check your employment record, please state that name.

References

Name	Telephone	Years Known

Owner/Creator: 

Approved: **VP Operations** 

Approved: **SQF Practitioner** 

5. PLEASE READ AND SIGN BELOW

I hereby certify that I have not knowingly withheld information that might adversely affect my chances for employment and that the answers given by me are true and correct without any mental reservation whatsoever. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Turano to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize my former employers to disclose to Turano any and all of my employment records, including disciplinary reports and letters of reprimand, without giving notice of such disclosure. In addition, I hereby release Turano, my former employers, their respective officers, employees, and agents, and all other persons from any and all claims, demands, and liabilities arising out of or in any way related to such investigation or disclosure.

PLEASE READ CAREFULLY: OFFER AND ACCEPTANCE OF EMPLOYMENT DOES NOT CONSTITUTE A BINDING CONTRACT BETWEEN CAMPAGNA-TURANO BAKERY, INC., ("TURANO") AND ANY EMPLOYEE. ALL EMPLOYEES ARE EMPLOYEES AT WILL.

I understand and agree that if I am employed I will be an at-will employee, and my employment and compensation are for no definite or determinable period and may be terminated at any time, with or without cause, and with or without notice, at the option of either myself or Turano. I further understand and agree that no representative of Turano has or had any authority to enter into any agreement for employment for any specified period of time or to make any binding representations or agreements, whether oral or written, contrary to the foregoing.

I understand and agree that if I receive a conditional offer of employment, I may be required to submit to medical review prior to being hired and beginning work. As part of this review, I understand that I may be required to complete a medical review questionnaire, that I may be required to undergo drug testing, and that I may be required to be examined by a medical professional designated by the company. I also understand that I may be required to sign an agreement protecting the company's trade secrets, proprietary data and confidential information as a condition of employment.

NOTE: This application will remain active for thirty (30) days. If you have not heard from Turano after thirty (30) days and you still wish to be considered for employment, you will need to fill out and submit a new employment application.

Smoking is prohibited in all indoor areas of Turano's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

Applicant's Signature

Date

Owner/Creator:



Approved: **VP Operations**



Approved: **SQF Practitioner**

