



Application for employment  
American Quality Foods  
353 Banner Farm Rd  
Mills River, NC 28759  
Ph:(828)891-6203  
Fax:(828)890-8308

**Applicant Information:**

Name: _____
Address: _____ _____
Years at this address: _____
Phone # _____
Email Address: _____

**Employment History:**

List your current or most recent employment first

Employer Name: _____
Address: _____
Supervisor Name: _____
Job Duties: _____
Reason for leaving: _____
Dates of employment: _____
Employer Name: _____
Address: _____
Supervisor Name: _____
Job Duties: _____
Reason for leaving: _____
Dates of employment: _____
Employer Name: _____
Address: _____
Supervisor Name: _____
Job Duties: _____
Reason for leaving: _____
Dates of employment: _____

**Education and Training:**

High School/GED Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Did you receive a degree: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what degree: \_\_\_\_\_

College/University Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Did you receive a degree: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Training (Graduate, Technical, Vocational): \_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

ALL CANDIDATES, IF CHOSEN, WILL WORK THROUGH A TEMPORARY AGENCY FOR AN UNSPECIFIED PERIOD OF TIME ASSIGNED BY AMERICAN QUALITY FOODS THE TEMPORARY AGENCY, WILL REQUIRE THE CANDIDATE TO PASS A DRUG SCREEN AND BACK GROUND CHECK. THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT WITH AMERICAN QUALITY FOODS; BUT, AN OVERVIEW OF MY WORK HISTORY AND EDUCATIONAL BACKGROUND.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

---

APPLICANT SIGNATURE

DATE

I certify that the information provided on this application to be truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize American Quality Foods to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by the President, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

---

APPLICANT SIGNATURE

DATE