



30200 Whipple Road
 Union City, Ca 95035
 Ph: (510) 931-4207
 Fax:(510) 629-6835

APPLICATION FOR EMPLOYMENT

PERSONAL

PLEASE PRINT AND COMPLETE FULLY

LAST NAME		FIRST NAME		MIDDLE INITIAL	
PRIMARY ADDRESS			CITY AND STATE		ZIP CODE
MAIL ADDRESS			CITY AND STATE		ZIP CODE
SOCIAL SECURITY NUMBER <input type="checkbox"/> YES (Please Provide) <input type="checkbox"/> NO			HOME PHONE	BUSINESS PHONE	
OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL			If hired, proof of current and unrestricted right to work for any and all U.S. employers will be required. Can you show evidence of current and unrestricted right to work for any and all U.S. Employers? <input type="checkbox"/> NO <input type="checkbox"/> Yes		
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> NO <input type="checkbox"/> YES	DRIVERS LICENSE NUMBER <input type="checkbox"/> YES (Please Provide) <input type="checkbox"/> NO	STATE	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERN <input type="checkbox"/> TEMPORARY		
POSITION APPLIED FOR:		SALARY EXPECTED		DATE AVAILABLE	

GENERAL INFORMATION

HAVE YOU APPLIED AT DAYLIGHT PRODUCE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", GIVE DATE AND POSITION APPLIED FOR	HAVE YOU EVER BEEN EMPLOYED AT DAYLIGHT PRODUCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECK THE SOURCE THAT LED TO YOUR APPLICATION OR REFERRAL TO DAYLIGHT PRDOUCE (VOLUNTARY)	<input type="checkbox"/> (1) ADVERTISEMENT <input type="checkbox"/> (2) WEBSITE <input type="checkbox"/> (3) AGENCY	<input type="checkbox"/> (4) DAYLIGHT PRDOUCE MANAGER <input type="checkbox"/> (5) PROFESSIONAL ORGANIZATION <input type="checkbox"/> (6) INTERNET/DAYLIGHT PRDOUCE WEBSITE <input type="checkbox"/> (7) EMPLOYEE REFERRAL <input type="checkbox"/> (8) UNIVERSITY <input type="checkbox"/> (9) TEMP TO REGULAR
IF REFERRED BY A DAYLIGHT EMPLOYEE, PLEASE LIST HIS/HER NAME		
NAMES OF RELATIVES EMPLOYED AT DAYLIGHT AND RELATIONSHIPS		
1) ONLY IF DRIVING IS REQUIRED FOR YOUR POSITION please answer whether, within the last 5 years have you been convicted of reckless driving, driving to endanger, or vehicular homicide? <input type="checkbox"/> NO <input type="checkbox"/> YES		

EDUCATION							
SCHOOL INSTITUTION	NAME/LOCATION/CAMPUS	UNITS COMPLETED	SEM.	QTR.	COURSE OF MAJOR	DEGREE, DIPLOMA, CERTIFICATION RECEIVED	DATE RECEIVED
HIGH SCHOOL/GED							
TECHNICAL SCHOOL, TRADE OR BUSINESS COLLEGE							
COLLEGE							
GRADUATE SCHOOL(S)							

EMPLOYMENT HISTORY			
		START DATE: MO/YR.	FINISH DATE: MO/YR
CURRENT OR LAST POSITION			
HOURS PER WEEK	TYPE, AMOUNT AND FREQUENCY OF OTHER COMPENSATION (E.G., COMMISSIONS, BONUS, PROFIT SHARING, ETC.)		
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
IF STILL EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
REASON FOR SEEKING ALTERNATIVE EMPLOYMENT			
NAME AND LOCATION OF ORGANIZATION		START DATE: MO/YR.	FINISH DATE: MO/YR.
CURRENT OR LAST POSITION			HOURS PER WEEK
TYPE, AMOUNT AND FREQUENCY OF OTHER COMPENSATION (E.G., COMMISSIONS, BONUS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER			
REASON FOR SEEKING ALTERNATIVE EMPLOYMENT			
NAME AND LOCATION OF ORGANIZATION		START DATE: MO/YR.	FINISH DATE: MO/YR.
CURRENT OR LAST POSITION			HOURS PER WEEK
TYPE, AMOUNT AND FREQUENCY OF OTHER COMPENSATION (E.G., COMMISSIONS, BONUS, PROFIT SHARING, ETC.)			
BRIEFLY DESCRIBE YOUR PRIMARY ASSIGNMENTS AND RESPONSIBILITIES			
SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER			
REASON FOR SEEKING ALTERNATIVE EMPLOYMENT			

SPECIAL SKILLS

LIST SPECIAL SKILLS (LAB EQUIPMENT, COMPUTER LANGUAGES, LANGUAGE SKILLS, ETC.) RELEVANT TO THE POSITION.

REFERENCES

NOTE: PLEASE INCLUDE A FORMER MANAGER(S), SUPERVISOR(S) AND PROFESSIONAL REFERENCES. PLEASE DO NOT INCLUDE NAMES OF RELATIVES OR PERSONS WITH WHOM YOU LIVE.

1	NAME		TITLE	ORGANIZATION
	ADDRESS			
	PHONE NUMBER	E-MAIL ADDRESS		RELATIONSHIP
2	NAME		TITLE	ORGANIZATION
	ADDRESS			
	PHONE NUMBER	E-MAIL ADDRESS		RELATIONSHIP
3	NAME		TITLE	ORGANIZATION
	ADDRESS			
	PHONE NUMBER	E-MAIL ADDRESS		RELATIONSHIP

CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS APPLICATION.

I certify that all statements I have made on this application, any attachments hereto, or on my resume or other supplementary materials are true and correct. I recognize that any misstatement, falsification, or material omission of information I have made may result in my failure to receive an offer, or, in the event I am hired, subject to perjury and subject me to be discharged at any time. I hereby authorize Daylight Foods, Inc., its employees and agents, to investigate the accuracy of the information I have provided by contacting any person or organization, and I release Daylight Foods, all persons acting on its behalf, and all persons and organizations providing information from all claims and liabilities of any nature arising from such investigation or the supplying of information for such investigation. I specifically authorize investigation of my motor vehicle record, criminal record, and consumer credit history. I understand and agree that employment with Daylight Foods is conditional upon the satisfactory results of such investigation, and upon my execution of the Daylight Foods Proprietary Information Agreement and also upon acceptable proof of current and unrestricted right to work in the United States.

I also understand that any offer of employment by Daylight Foods is not to be construed as a contract of employment for any particular time, and that either Daylight Foods, Inc or I may terminate my employment at any time and for any reason with or without cause, and with or without notice, while other terms of my employment may change from time to time, I understand that the at-will nature of the employment relationship can only be changed by a written agreement signed by the vice president and by me.

I also certify that I can read and understand English and have read and fully understand all items in this employment application.

APPLICANT'S SIGNATURE

DATE

Please Note: COMPANY considers applications for only a 30-day period. If you wish to be considered after 30 days from the date of application, please reapply.

Daylight Foods' policy is to fill every position without regard to race, color, religion, sex, marital status, age, disability, medical condition, sexual orientation or any other consideration made unlawful by federal, state, or local laws. Daylight Food's is an equal opportunity employer and selects employees on the basis of

ability, experience, training and character.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

To assist Daylight Foods, Inc. in our dedication to Affirmative Action, please provide this voluntary, confidential information.

This form will be detached and filed apart from your employment application.

AN EQUAL OPPORTUNITY EMPLOYER

CONFIDENTIAL VOLUNTARY EEO SELF-IDENTIFICATION FORM

NAME		DATE
POSITION APPLIED FOR	JOB LISTING NUMBER	

PLEASE NOTE THAT EMPLOYMENT DECISIONS WILL NOT BE BASED UPON WHETHER OR NOT YOU PROVIDE THIS INFORMATION. THIS IS VOLUNTARY.

GENDER MALE FEMALE

- CAUCASIAN**
All persons having origin in any of the original peoples of Europe, North Africa, or the Middle East, not of Hispanic origin.
- AFRICAN AMERICAN**
All persons having origin in any of the black racial groups of Africa, not of Hispanic origin.
- HISPANIC**
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER**
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the subcontinent of India, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines Islands, and Samoa.
- NATIVE AMERICANS/ALASKAN NATIVE**
All persons having origins in any of the original peoples of North America and who Maintain cultural identification through tribal affiliation or community recognition.

PLEASE CHECK ANY OF THE FOLLOWING ITEMS THAT ARE APPLICABLE TO YOU:

- DISABLED**
An individual with a "disability" is one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment
- VETERAN OF THE VIETNAM ERA**
A person who has served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge.
- SPECIAL DISABLED VETERAN**
A veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person who was discharged or released from active duty for a disability incurred or aggravated in the line of duty.
- OTHER VETERAN**
A person who has served on active duty during a war or in a campaign or expedition in which a campaign badge has been authorized.