



# NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

**Bickel's Snack Foods**  
1050 West College Avenue  
York, PA 17404

## AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT

Please print name and address. All other information should be written in your handwriting and in ink.

Today's Date \_\_\_\_\_

Date Available \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street Town or City State Zip

Your home phone or number where you can be reached Home: \_\_\_\_\_ Other: \_\_\_\_\_

Person to notify in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

Kind of work desired \_\_\_\_\_

Shift Preference 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ Other (explain preference) \_\_\_\_\_

Have you ever previously been employed by this company, or a subsidiary? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Were you ever discharged by any company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name of company and reason: \_\_\_\_\_

Who referred you here? \_\_\_\_\_

### PERSONAL INFORMATION EDUCATION

		COURSES MAJORED IN	CHECK LAST YEAR COMPLETE				LIST H.S. DIPLOMA GED OR DEGREE
			5	6	7	8	
Grade School	Name						
	Address						
High School	Name		9	10	11	12	
	Address						
Business, Trade, or Vocational	Name		1	2	3	4	
	Address						
Correspondence or Night School	Name		1	2	3	4	
	Address						
College or University	Name		1	2	3	4	
	Address						
College or University	Name		1	2	3	4	
	Address						

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes\_\_\_ No \_\_\_  
(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the last 7 years? Yes\_\_\_ No\_\_\_  
(Conviction will not necessarily disqualify applicant from employment)

**EMPLOYMENT HISTORY**  
(Include Military Service)

MOST RECENT EMPLOYER \_\_\_\_\_ Kind of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Starting title \_\_\_\_\_ Starting rate \_\_\_\_\_

Leaving date \_\_\_\_\_ Leaving title \_\_\_\_\_ Leaving rate \_\_\_\_\_

Last immediate supervisor's name and title \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Kind of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Starting title \_\_\_\_\_ Starting rate \_\_\_\_\_

Leaving date \_\_\_\_\_ Leaving title \_\_\_\_\_ Leaving rate \_\_\_\_\_

Last immediate supervisor's name and title \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Kind of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Starting title \_\_\_\_\_ Starting rate \_\_\_\_\_

Leaving date \_\_\_\_\_ Leaving title \_\_\_\_\_ Leaving rate \_\_\_\_\_

Last immediate supervisor's name and title \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Kind of Business \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting date \_\_\_\_\_ Starting title \_\_\_\_\_ Starting rate \_\_\_\_\_

Leaving date \_\_\_\_\_ Leaving title \_\_\_\_\_ Leaving rate \_\_\_\_\_

Last immediate supervisor's name and title \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for leaving \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and your ability to perform the job requirements and on no other consideration.

If there are any other pertinent facts you would voluntarily like to present to us which, in your opinion, may help us to evaluate your qualifications, please list these facts in the space provided below. Please remember that we are an Equal Employment Opportunity/Affirmative Action Employer and are not interested in receiving comments which may be construed to be discriminatory in nature.

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**Please Read Carefully**

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Hanover Foods Corporation unless made in writing.

(Employment at will) All employees of this company are employees at will, and both the employees and the company are free to terminate the employment relationship at any time at their discretion. No supervisor or other employee of this company has the authority to alter this relationship.

I understand that this application will remain effective for a period of forty-five (45) days from the date submitted. and thereafter, that I must reapply if I wish to continue to be considered for employment.

I hereby certify that the answers given and statements made are true and correct. I hereby authorize all my previous employers, or references, to furnish any information concerning my personal character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of injury and furnishing this information.

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Witness (Company Interviewer)

Applicant's Signature

Date

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**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED \_\_\_\_\_ BY DATE \_\_\_\_\_

HIRED \_\_\_\_ YES \_\_\_\_ NO – POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

**REFERENCE CHECK**

COMPANY	PERSON SPOKEN TO	RESULTS OF REFERENCE CHECK

PERSON WHO DID REFERENCE CHECK \_\_\_\_\_ DATE \_\_\_\_\_

## APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical conditions or handicap.

As employees/government contractors we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In

Employment Agency  Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

**AFFIRMITIVE ACTION SURVEY** Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:  Male  Female

Check one of the following:

Race/Ethnic Group:  White  Black  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Veteran  Disabled Veteran  Handicapped Individual

4/10/97

/DTJ