



Seneca Foods Corporation
Application for Employment
 An Equal Opportunity Employer

Seneca Foods Corporation is an Equal Opportunity Employer.

All qualified applicants will receive consideration for employment without regard to race, ancestry, national origin, citizenship, color, sex, gender, sexual orientation (gender identity or gender expression), marital status, religion, creed, age, domestic violence victim status, arrest record or status as an ex-offender, predisposing genetic characteristics or genetic information, disability or veteran or military status.

General Information

Name (Last Name, First Name, Middle Initial) _____

Current Address _____ City _____ State _____ Zip _____

Telephone number(s) at which you can be contacted _____

Email Address _____

For the purpose of verifying prior employment and education background, please indicate any other name under which you worked or attended school:

Position Applying For _____

~~Desired Salary~~ _____

How were you referred to our Company: Current employee Employment agency Govt. agency
 Worked here before Newspaper Seneca recruiter
 Resume call-in Walk-in School placement
 Other _____

Have you previously been employed by Seneca Foods? Yes No

If yes, explain reason for leaving _____

Location _____ Dates _____ Position _____

Check all that you are available to work: Full-time Part-time Temporary
 Days Nights Weekends

Are you able to work overtime hours? Yes No

Are you 18 years of age or older? Yes No (if no, can you furnish working papers if hired?) Yes No

Do you have any relatives employed by Seneca Foods? Yes No

 Name/Relationship

 Department/Location

Qualifications and Skills

Summarize special job-related skills and qualifications acquired from employment or other experiences:

Employment History

List your last (4) employers, starting with the most recent, including military experience if applicable:

From _____ To _____ Company Name _____ Telephone _____

Position _____ Address _____

Supervisor Name and Title _____

Reason for Leaving _____

Summary of Responsibilities _____

From _____ To _____ Company Name _____ Telephone _____

Position _____ Address _____

Supervisor Name and Title _____

Reason for Leaving _____

Summary of Responsibilities _____

From _____ To _____ Company Name _____ Telephone _____

Position _____ Address _____

Supervisor Name and Title _____

Reason for Leaving _____

Summary of Responsibilities _____

From _____ To _____ Company Name _____ Telephone _____

Position _____ Address _____

Supervisor Name and Title _____

Reason for Leaving _____

Summary of Responsibilities _____

Education

List Name and Location of Educational Institutions attended starting with the highest level	Major	Degree/Certificate	If not graduated, number of credits

References

Name and Address	Relationship	Telephone Number

List any professional civic activities or hobbies and special interest you may have. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that each of the answers given in this application is complete and true to the best of my knowledge. I understand that any misrepresentation or omission of material facts in my application or interview(s) may preclude an employment offer or may result in withdrawal of an employment offer or, if hired, termination of employment.

In the event that I am employed by Seneca Foods Corporation, or its subsidiaries, I understand my employment will be for no definite period of time and that an offer of employment may be withdrawn or my employment may be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of Seneca Foods Corporation, other than the President and Chief Executive Officer, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any such agreement must be in writing and signed by both parties to be valid.

I understand that Seneca Foods Corporation and its subsidiaries is a supporter of a drug free work environment. I also understand that my employment may be contingent on the results of a medical examination and/or a drug test I may be asked to take. I also understand that Seneca Foods Corporation and its subsidiaries participate in the E-Verify program through the United States Department of Homeland Security and Social Security Administration and I understand that any employment of me by Seneca Foods Corporation or its subsidiaries is contingent upon me providing proper documents to verify my identity and employment eligibility in accordance with law.

Applicant's Signature _____

Date _____