
NOR-AM ICE & COLD STORAGE
2700 STOCKYARDS EXPRESSWAY
SAINT JOSEPH, MO 64501
(An Equal Opportunity Employer)

Application for Employment

Personal Information

*The Age Discrimination in the Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date: _____ Position applying for: _____

Name: _____ Soc. Security Number _____
(First) (Middle) (Last)

Address: _____ Phone Number: () _____
(Street, PO Box, Apt. #)

(City, State, Zip) _____

Employment

(Give a COMPLETE RECORD of all employment for the past 3 years, including any unemployment or self-employment)

Present or last employer

Name: _____ From: _____ To: _____

Address: _____
(Street) (City, State, Zip)

Phone: () _____ Position Held: _____

Reasons for leaving: _____

May we contact your previous employer for a reference? Yes ___ No ___

Next Previous Employer

Name: _____ From: _____ To: _____

Address: _____
(Street) (City, State, Zip)

Phone: () _____ Position Held: _____

Reasons for leaving: _____

May we contact your previous employer for a reference? Yes ___ No ___

Next Previous Employer

Name: _____ From: _____ To: _____

Address: _____
(Street) (City, State, Zip)

Phone: () _____ Position Held: _____

Reasons for leaving: _____

May we contact your previous employer for a reference? Yes ___ No ___

Education

High School: _____ Number of years attended: _____
(Name) (City, State)

College: _____ Number of years attended: _____
(Name) (City, State)

Personal References (List Three persons not related to you, whom you have known at least one year)

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

- I agree and understand that any misrepresentation given on this application shall be considered an act of dishonesty.
- I agree and understand that Nor-Am Cold Storage or their agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release employers and persons named herein from all liability for any damages on account of his furnishing such information.
- I agree to furnish such additional information and complete more forms that are required to complete my qualification file.
- In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Nor-Am's option.
- I also agree and understand that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

Signature _____ Date _____