BRIGGS FOODSERVICE

APPLICATION FOR EMPLOYMENT

Briggs Foodservice is an equal opportunity employer. Please complete all applicable sections. Print clearly in ink. If a question does not apply, write "N/A."

Please e-mail completed applications to orderentry@briggsfoodservice.com

1. Applicant Information

Full Legal Name (Last, First, Middle)	**Preferred Name**	**Date of Application**
Street Address		**City / State / ZIP**
Primary Phone	**Alternate Phone**	**Email Address**
Are you legally authorized to work in the United States? ☐ Yes ☐ No		**Are you at least 18 years old? ☐ Yes ☐ No**

2. Position and Availability

Position(s) Applied For	**Desired Pay**	**Date Available to Start**
Employment Desired ☐ Full-time ☐ Part-time ☐ Temporary/Seasonal Shift(s) Available ☐ Days ☐ Nights ☐ Weekends		
Days/Hours You Are Available (list any restrictions)		
Have you previously worked for Briggs Foodservice? ☐ No ☐ Yes — Dates/Position:		**How did you hear about us?**

3. Skills and Qualifications

Training, certifications, equipment experience, software skills, or other qualifications
Licenses held (check all that apply) ☐ Valid Driver License ☐ CDL A ☐ CDL B ☐ Forklift ☐ ServSafe ☐ Other:
If driving is an essential job duty: Driver License State/Class and Expiration Date *Do not attach a copy at this stage*

4. Employment History

List your three most recent employers, beginning with the current or most recent. Account for any significant gaps in the space provided.

Employer 1

Employer Name and Address	Phone	Supervisor
Job Title and Main Duties	Start Date / End Date	Starting Pay / Ending Pay
Reason for Leaving		May we contact? ☐ Yes ☐ No
Additional Information		

Employer 2

Employer Name and Address	Phone	Supervisor
Job Title and Main Duties	Start Date / End Date	Starting Pay / Ending Pay
Reason for Leaving		May we contact? ☐ Yes ☐ No
Additional Information		

Employer 3

Employer Name and Address	Phone	Supervisor
Job Title and Main Duties	Start Date / End Date	Starting Pay / Ending Pay
Reason for Leaving		May we contact? ☐ Yes ☐ No
Additional Information		

5. Employment Gaps

Explain any period of unemployment not shown above

6. Education and Training

School / Training Provider	City and State	Diploma, Degree, or Certificate	Area of Study

7. Professional References

Provide three people who are familiar with your work. Do not list relatives.

Name	Relationship / Company	Phone	Email

8. Job-Related Information

Can you perform the essential duties of the position for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No

_____

Are you willing and able to comply with company safety, attendance, hygiene, and substance-free workplace policies? ☐ Yes ☐ No

_____

Do you have any relatives currently employed by Briggs Foodservice? ☐ No ☐ Yes — Name/Relationship:

_____

Additional information you would like us to consider

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_____

9. Applicant Certification and Authorization

I certify that the information in this application and any attached materials is true and complete to the best of my knowledge. I understand that false statements, material omissions, or misrepresentations may disqualify me from employment or result in termination. I authorize Briggs Foodservice to verify information concerning my education, employment history, qualifications, and references, and I release those providing such information from liability to the extent permitted by law. I understand that this application is not a contract or guarantee of employment. If hired, employment is at will, meaning either I or Briggs Foodservice may end the employment relationship at any time, with or without cause or notice, subject to applicable law. Any job offer may be conditioned on completion of lawful job-related screening and verification requirements.

Applicant Signature	Date
_____	_____

For Company Use Only

Interviewed By	Interview Date	Position / Department
_____	_____	_____
Disposition ☐ Hire ☐ Hold ☐ Decline	**Proposed Start Date**	**Approved Pay**
_____	_____	_____
Notes		
_____		