



FOOD MANAGEMENT GROUP, INC.

APPLICATION FOR EMPLOYMENT



Food Management Group, Inc.

- Full Time
- Part Time
- Co-op
- Internship
- _____

Application for Employment

DISCLAIMER

This Employment application will be used solely to determine your qualification for employment with Food Management Group (hereinafter "The Company"). This document is not, or does it represent, a contract for employment. Please respond to ALL questions, providing complete information which is accurate to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of The Company to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, national origin, disability or veteran status, or any other status protected by law, in accordance with the guidelines of the Equal Employment Opportunity Commission as well as the Fair Credit Reporting Act.

COMPLETE ALL QUESTIONS; PLEASE PRINT CLEARLY

PERSONAL DATA

NAME (Last)	First	Middle	Social Security Number
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LIST OTHER NAMES used in past 7 years; including birth names, maiden names, and A.K.A's. Telephone Number(Local-Home)

HOME ADDRESS (Number & Street)	City	State	Zip
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Years At Current Address *If less than 7 years, list all other cities and states in which you lived during the past 7 years. Use an additional page if necessary.*

PRIOR HOME ADDRESS (Number & Street)	City	State	Zip
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PRIOR HOME ADDRESS (Number & Street)	City	State	Zip
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Are you 18 years of age or older? yes no Provide date of birth, (year is optional). ____ (mm)/____(dd)____(yyyy)

Are you legally eligible for employment in this country? (Proof of eligibility will be required upon employment.) yes no

In the last 7 years have you ever been convicted, pled guilty or no contest to a misdemeanor or crime involving dishonesty (including but not limited to theft), assault or battery or a felony? yes no *IF YES, provide details below, including nature of offense, town/city and state in which offense occurred and any other pertinent information.*

Do you have any relative presently employed with Food Management Group? <input type="checkbox"/> yes <input type="checkbox"/> no	Name	Relation	Job Title
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Have you ever applied with Food Management Group previously? IF YES, what when? yes no Have you ever been employed with Food Management Group previously? **IF YES, complete the information below.** yes no

Starting and Ending Dates of Employment	Position(s) Held	Reason for Leaving
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POSITION

Position Desired	Salary Expected \$ _____ per month	What date are you available?
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Are you willing to travel? IF YES, any restrictions? yes no Work Availability Full time Part time Shift work May we contact your current employer for a reference? yes no

Are you willing to relocate? IF YES, any restrictions? yes no

If position you are applying for requires driving, please complete the following:	License No.	State Issued	Expiration	Class
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Applicant Name:

Date:

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYER May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Company Name		From (month/year)	To (month/ year)
	City and State	Phone (with area code)	Position Title	Salary
	Description of Duties or Responsibilities			Reason for Leaving
	Name of Superior		Title of Superior	Superior's phone no.

2ND MOST RECENT EMPLOYER May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Company Name		From (month/year)	To (month/ year)
	City and State	Phone (with area code)	Position Title	Salary
	Description of Duties or Responsibilities			Reason for Leaving
	Name of Superior		Title of Superior	Superior's phone no.

3RD MOST RECENT EMPLOYER May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Company Name		From (month/year)	To (month/ year)
	City and State	Phone (with area code)	Position Title	Salary
	Reason for Leaving			
	Name of Superior		Title of Superior	Superior's phone no.

4TH MOST RECENT EMPLOYER May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Company Name		From (month/year)	To (month/ year)
	City and State	Phone (with area code)	Position Title	Salary
	Description of Duties or Responsibilities			Reason for Leaving
	Name of Superior		Title of Superior	Superior's phone no.

5TH MOST RECENT EMPLOYER May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Company Name		From (month/year)	To (month/ year)
	City and State	Phone (with area code)	Position Title	Salary
	Description of Duties or Responsibilities			Reason for Leaving
	Name of Superior		Title of Superior	Superior's phone no.

MILITARY SERVICE Complete if you have ever served in any branch of the US Military.	Branch	Final Base, City & State where assigned		
	Date Entered	Date Discharged	Rank & Position at Discharge	
	Name of Superior	Title of Superior	Superior's phone no.(with area code)	
	Did you receive a dishonorable discharge? <input type="checkbox"/> yes <input type="checkbox"/> no			

EDUCATION

School	Name of School City and State	Degree Received	Year Received	Major & Minor Fields of Study
High School				
College				
Other, including GED				
Other, including GED				

Food Management Group:

Applicant Name:		Date:	
ADDITIONAL QUALIFICATIONS			
<i>Professional licenses, registrations, or certifications. List, including state of issuance and expiration date.</i>			
<i>Languages in which you are fluent other than English.</i>			
<i>Additional skills or abilities.</i>			
PROFESSIONAL REFERENCE(S)			
Name	City & State	Phone	Relationship
DISCLAIMER			
<p>The information contained in this application for employment with Food Management Group (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by SafeHands. You may obtain a free copy of the report within sixty days by calling SafeHands collect @ 1-888-723-4263. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."</p>			
APPLICANT'S SIGNATURE		DATE	

For Food Management Group Use Only: Please mark (x) the searches to be conducted.	
Contact: Ms. Martha Hornick Phone: 770-475-6499	Email: fmg@fmg.com Fax: 770-475-6932
<input type="checkbox"/> Federal Criminal – Statewide (State: _____) <input type="checkbox"/> Federal Criminal – Nationwide <input type="checkbox"/> County Criminal – All Counties past 7 years <input type="checkbox"/> County Criminal – County of Residence <input type="checkbox"/> County Criminal (County: _____; State: _____) <input type="checkbox"/> Statewide Criminal (State: _____) <input type="checkbox"/> Civil Records (Single County) <input type="checkbox"/> Parole & Probation Records (State: _____) <input type="checkbox"/> Sexual Offenders Registry Index Check (State: _____) <input type="checkbox"/> Motor Vehicle Records (State: _____)	<input type="checkbox"/> Social Security Verification <input type="checkbox"/> Residency History <input type="checkbox"/> Employment verification (previous ___ employers) <input type="checkbox"/> Reference verification (___ References) <input type="checkbox"/> Education verification (highest completed) <input type="checkbox"/> Professional License Verification <input type="checkbox"/> Credit Report – Employment <input type="checkbox"/> Credit Report – Tenant <input type="checkbox"/> Search Maiden Name, Birth Name or AKA (each name constitutes an additional search)

LETTER OF NON-COMPETE & COVENANT OF CONFIDENTIALITY

Following are statements regarding confidentiality and non-competition which, as an employee or consultant of FMG, we ask that you agree to by placing your signature in the place provided:

1. **Covenant of Confidentiality** - During the term of my employment with FMG, and for one (1) year thereafter, I will not disclose to any person, other than the employees of FMG or any person to whom disclosures are reasonably necessary in connection with the performance of my duties with FMG, any direct information that relates to the business, methods, quotations, technology, policies, procedures, financial information, names and addresses of customers, clients or business activities of FMG.

2. During the term of my employment with FMG, and for one (1) year thereafter, I will not seek, apply for or accept employment with any prior or present FMG client, in any capacity whatsoever, without the express written approval of FMG. Such consent shall not be unreasonably withheld.

Signature

Date