## MOSS FOODS, INC. Louisburg, NC 27549

<i>Date:</i>	Name:			
Address:	City:			
State:	Zip code: Phone:			
Do you have a D	rivers License: yes	no If yes, License No.		
Date of Birth:	Mari	ital Status: Single	Married Divorc	ed Widowed
Are you related t	o any employee at Moss I	Foods:		
FORMER EMPL	<b>OYERS</b> (List below your )	last four employers, start	ting with the last on	first.)
Date Month and Year	Name & Address Of Employer	Salary	Position (Upon Leaving)	Reason For Leaving
From To	y 17:17:			
From				
To From				
To				
From				
То				
Are vou currently	employed?			
	mployers name?			
	for Full Time or Part Time?			
Job you are apply	ing for?			
Can you work nigi	hts? yes no (Until at	t least 7:30 pm)		
Can you work wee	kends: yes no (Mor	ning or nights until 7:30 pr	m on Saturday and/or	Sunday)
Do you have a pre	vious criminal record?	yes no If yes, list char	ges	
Do you currently h	have a case pending in cour	t? yes no If yes, list	t charges	
Do you have any r	physical disabilities that wor	uld limit you to completing	job duties? ves	$\neg$ no
If ves please desc	•	same you to completing	j = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

Are you currently in school? yes no If yes, what grade are you in?
If you are not in School, Skip questions A-C
A: Do you participate in school sports?  yes no
If Yes, please circle which sports you participate in (football, cross country, cheerleading,
basketball, softball, baseball, track & field, wrestling, soccer, volleyball) Other:
B: What hours are you able to work when in school?
C: Number of hours you are able to work?
By signing this application you are granting Moss Foods, Inc the option of completing a background check and random drug testing.
APPLICATIONS ARE NOT TO LEAVE MOSS FOODS. PLEASE NO PHONE CALLS IN REGARDS TO APPLICATION. MOSS FOODS WILL CALL YOU IF YOU ARE WANTED FOR AN INTERVIEW.
Signature of Applicant  Date