

EMPLOYMENT APPLICATION

OLD ORCHARD BRANDS LLC
1991 Twelve Mile Road
Sparta, Michigan 49345

An Equal Opportunity Employer

NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

TODAY'S DATE

PRESENT ADDRESS

PHONE NUMBER

Street

City

State

Zip

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Please complete this entire application form. Your application will become inactive after 30 calendar days unless you inform Old Orchard Brands LLC, in writing, and prior to the expiration of the 30-day period, that you want your application to remain active.

ARE YOU AT LEAST 18 YEARS OLD?

DO YOU HAVE THE RIGHT TO REMAIN PERMANENTLY IN THE U.S. AND DO YOU HAVE

AUTHORIZATION TO WORK IN THE U.S.?

HAVE YOU WORKED UNDER A DIFFERENT NAME BEFORE?

IF YES, EXPLAIN:

POSITION APPLIED FOR (USE SPECIFIC TITLE)

DATE AVAILABLE

HOW DID YOU LEARN ABOUT THIS OPENING?

TIMES YOU CAN WORK:

DAY

AFTERNOON

MIDNIGHT

ARE YOU PRESENTLY EMPLOYED?

IF YES, WHERE?

ARE YOU SUBJECT TO RECALL AT ANOTHER JOB?

IS YES, EXPLAIN

HAVE YOU EVER APPLIED TO OLD ORCHARD BRANDS BEFORE?

IF SO, WHEN AND FOR WHAT POSITION?

WAGE EXPECTED:

ARE YOU RELATED TO OR KNOW ANYONE WHO CURRENTLY WORKS FOR OLD ORCHARD?

IF YES, PLEASE NAME THE INDIVIDUAL(S)

EDUCATION

Name and Location

Course of Study

Years
Completed

Graduate?
Yes No

Diploma
or Degree

GPA

HIGH
SCHOOL

COLLEGE

TRADE SCHOOL

OTHER FORMAL EDUCATION OR EXPERIENCE WHICH YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

IF YES, STATE THE CRIME(S)

ARE ANY FELONY CHARGES CURRENTLY PENDING AGAINST YOU?

IF YES, EXPLAIN:

DO YOU HAVE A VALID DRIVER'S LICENSE?

IF YES, IN WHICH STATE(S)?

DO YOU HAVE A CDL CERTIFICATE?

WHAT OTHER EMPLOYMENT OR "SIDELINE" BUSINESS DO YOU HAVE?

WOULD YOU WANT TO CONTINUE IT IF EMPLOYED BY US?

PERSONAL REFERENCES

(NAME)

(ADDRESS)

(PHONE)

1.

2.

3.

*Excluding relatives or former employers.

EMPLOYMENT HISTORY

(List below past and present employment, starting with most recent. List additional employers on a separate sheet of paper. Include U.S. military service experience. Do not skip any employers.)

1. NAME AND ADDRESS _____

POSITION _____ STARTING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____ DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

2. NAME AND ADDRESS _____

POSITION _____ STARTING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____ DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

3. NAME AND ADDRESS _____

POSITION _____ STARTING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____ DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

4. NAME AND ADDRESS _____

POSITION _____ STARTING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME _____ DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

APPLICANT STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions - verbal or written - may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline and attendance records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations requesting or supplying such information and waive any right to notice of such disclosure.

Should I receive a conditional offer of employment, I agree to submit to a physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to OLD ORCHARD BRANDS LLC.

I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask OLD ORCHARD BRANDS LLC to attempt to make a reasonable accommodation for it. I must let OLD ORCHARD BRANDS LLC know of my need for accommodation as soon as possible.

I give my consent for OLD ORCHARD BRANDS LLC, through an authorized testing service of its choice, to collect blood, urine, hair, or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized OLD ORCHARD BRANDS LLC management for appropriate review. If I am accepted for employment by OLD ORCHARD BRANDS LLC, I consent to be tested in the above manner during my employment when, in the Company's judgement, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

I understand that all employees of OLD ORCHARD BRANDS LLC are employed on an indefinite basis and are subject to termination at any time, with or without prior notice, discipline, or warning, for any or no reason. No person other than the President of OLD ORCHARD BRANDS LLC has authority to offer employment for any specified period or to make any different agreement. No such agreement by the President will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President and me. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulations of OLD ORCHARD BRANDS LLC and to work the hours, days and shifts (either day or night) scheduled by the management of the unit where I am employed.

DATE: _____ APPLICANT SIGNATURE _____