



Application To Join The Team
DOUBLE D FOODS
 Oklahoma City, OK 73179
An Equal Opportunity Employer



In compliance with Federal and State equal opportunity laws, qualified applicants are considered for positions without regard to race, color, creed, sex, national origin, age, marital status, sexual orientation, citizenship status, or the presence of a non-job-related medical condition or disability.

(PLEASE PRINT)

Date of Application _____

Name _____

Last First Middle

Address _____

Number Street City State Zip Code

Telephone () _____ Social Security Number - -

Area Code

Message Telephone() _____

Area Code

Can you work any shift, day or night? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List complete employment history, but do not provide dates of employment for jobs held more than 5 years ago. Include volunteer activities, if any. Exclude organization names which indicate race, color, creed, sex or national origin.

Employer	Dates Employed	
	From	To
Job Title		
Reason for Leaving	Hourly Rate/Salary	
	Starting	Final

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	From	To
Job Title		
Reason for Leaving	Hourly Rate/Salary	
	Starting	Final

State any additional information you feel may be helpful to us in considering your application.



AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Butterfield Foods to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will be sufficient reason for my discharge. I understand, also, that I am required to abide by all rules, policies, and regulations of the Company, and failure to do so may result in the termination of my employment.

I understand that this employment application will be considered as current for a period not to exceed 90 days after the date filed.

SIGNATURE OF APPLICANT

DATE



APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during their employment without regard to race, color, creed, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative Action responsibilities. The information requested below is needed to insure Equal Employment Opportunity, and will help us to comply with government record keeping, reporting and other legal requirements. You are not required to complete this form, and do so voluntarily. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File that is separate from the Application for Employment.

Name _____ Phone(____) _____
 LAST FIRST MIDDLE AREA CODE

Address _____
 NUMBER STREET CITY STATE ZIP

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Are you a veteran of the United States Military? Yes No

If yes: Dates of Service – From _____ to _____

Date: _____

