



Four Seasons Family of Companies
400 Wabash Road - PO Box 788
Ephrata, PA 17522
(717) 721-2800

Welcome to Four Seasons!

I want to take this time to personally welcome you as a potential candidate for employment with Four Seasons. I welcome your interest in exploring a new career opportunity in what I feel is an exciting and dynamic company.

We are a full service supplier of fresh fruits and vegetables serving the retail, wholesale and food service industries. We strive to accomplish this by adhering to the highest standards of quality and service. We are looking for qualified candidates who understand this pledge of excellence and have a desire to help us achieve our goals.

At Four Seasons we work hard to maintain an atmosphere that is both professional and pleasant. We strive to maintain a safe, productive and enjoyable environment that is drug, alcohol and tobacco-free. We value a diverse workforce. We do not discriminate on the basis of race, religion, national origin, color, age, sex, ancestry, marital status or non-job related disabilities.

We at Four Seasons are committed to excellence. Our work ethic is based on our four core values. **Integrity:** We commit ourselves to a strong moral and ethical code of conduct, striving to continuously build trust with our customers, associates and suppliers. **Dynamic Leadership:** We commit to leadership that is growth-oriented, innovative and visionary. **Exceptional Partnership:** We commit to understand, anticipate and satisfy the needs of our customers, associates and suppliers through which we create outstanding teamwork and lasting relationships. **Winning Culture:** We commit to provide an environment that enables our customers, associates and suppliers to achieve and celebrate success.

If you think you would like to be a part of the Four Seasons family I invite you to take the next step and complete this application. If we have a position available that we feel matches our needs with your interests, abilities and qualifications, we will call you for an interview. Your application will be retained for one year. Thank you for your interest in Four Seasons Produce, Inc.

Respectfully,

A handwritten signature in black ink, appearing to read "Ronald F. Carkoski", written in a cursive style.

Ronald F. Carkoski
President & Chief Executive Officer

PERSONAL INFORMATION

Name _____ Date _____
Last First MI

Address _____
Address City State Zip Code

Phone # _____

(If you have lived at the above address less than three (3) years, please list previous address.)

Previous Address _____
Address City State Zip Code

POSITION APPLYING FOR

POSITION (Please check all that apply):	SHIFT:	TYPE OF EMPLOYMENT:	SALARY DESIRED:
Administrative/Clerical	Quality Control	1st Shift	FULL TIME
Driver CDL A	Sanitation	2nd Shift	PART TIME
Driver CDL B	Truck Fueler/Washer	3rd Shift	TEMPORARY
Driver Non-CDL	Truck Mechanic		SEASONAL
Maintenance	Warehouse	Are you willing to work a shift other than your preference?	
Packing		Yes	
Other:		No	

GENERAL INFORMATION

1. Have you ever completed an application for employment at Four Seasons? Yes No
 If yes, When _____ Where _____ Position _____

2. Have you ever been employed by Four Seasons in the past? Yes No
 If yes, When _____ Where _____ Position _____

3. Do you have the legal right to live and work in the U.S.?* Yes No
**If hired, you will be required to provide proof of identity and right to work in this country in accordance with existing immigration laws.*

4. Are you under 18 years of age? Yes No If yes, date of birth: _____

5. Have you ever been convicted of a felony in the last 7 years? Yes No
 If yes, please explain: _____

6. Do you have any relatives employed by Four Seasons? Yes No
 If yes, Name** _____ Where _____ Position _____

*** Employment of relatives is contingent upon our determination of potential conflict of interests. The decision to employ relatives will be made on a case-by-case basis.*

7. Are you employed now? Yes No If not, how long since leaving last employment? _____

May we contact you at work? Yes No If yes, work number and best time to call: _____

Are you on lay-off and subject to recall? Yes No Date you can start: _____

EDUCATION

	Name of School	Address (City, State, Zip)	Graduated		College Major
			Y/N	Type of Degree	
High School					
College					
Technical, Business or Other					

MILITARY EXPERIENCE

Branch	Rank Achieved
Special Schools or Training	

REFERENCES

PEOPLE FOR WHOM YOU HAVE WORKED ARE PREFERABLE. PLEASE DO NOT LIST RELATIVES.

NAME	STREET/CITY/STATE/ZIP	PHONE
NAME	STREET/CITY/STATE/ZIP	PHONE
NAME	STREET/CITY/STATE/ZIP	PHONE

PREVIOUS EMPLOYMENT

NOTE FOR DRIVER APPLICANTS: All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

CURRENT/MOST RECENT EMPLOYER:

Name of Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____ Supervisor's Name: _____

Position Held: _____ Salary/Wage: _____

Employed From: _____ Employed To: _____ OR Currently Employed

Reason for Leaving: _____

DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	YES	NO
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	YES	NO
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MAY WE CONTACT YOUR CURRENT EMPLOYER? Yes No *If no, please attempt to include a professional reference that may be contacted to verify your current employment.*

NEXT MOST RECENT EMPLOYER:

Name of Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____ Supervisor's Name: _____

Position Held: _____ Salary/Wage: _____

Employed From: _____ Employed To: _____

Reason for Leaving: _____

DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	YES	NO
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	YES	NO
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PREVIOUS EMPLOYMENT (continued)

NEXT MOST RECENT EMPLOYER:

Name of Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____ Supervisor's Name: _____

Position Held: _____ Salary/Wage: _____

Employed From: _____ Employed To: _____

Reason for Leaving: _____

DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED?	YES	NO
--	-----	----

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	YES	NO
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NEXT MOST RECENT EMPLOYER:

Name of Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____ Supervisor's Name: _____

Position Held: _____ Salary/Wage: _____

Employed From: _____ Employed To: _____

Reason for Leaving: _____

DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED?	YES	NO
--	-----	----

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	YES	NO
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PREVIOUS EMPLOYMENT (continued)

NEXT MOST RECENT EMPLOYER:

Name of Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____ Supervisor's Name: _____

Position Held: _____ Salary/Wage: _____

Employed From: _____ Employed To: _____

Reason for Leaving: _____

DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	YES	NO
--	-----	----

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	YES	NO
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NEXT MOST RECENT EMPLOYER:

Name of Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Employer's Phone: _____ Supervisor's Name: _____

Position Held: _____ Salary/Wage: _____

Employed From: _____ Employed To: _____

Reason for Leaving: _____

DRIVERS ONLY: WERE YOU SUBJECT TO THE FMCSRS [†] WHILE EMPLOYED?	YES	NO
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?	YES	NO
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*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passenger or property when the vehicles: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DRIVER INFORMATION PAGE

(Non-driver applicants, please proceed to "Skills & Qualifications" Section on Page 8)

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

My typed name below shall have the same force and effect as my written signature.

Signature: _____ Date: _____ Date of Birth _____ (Required for Commercial Drivers)

SS #: _____

LICENSE INFORMATION

Driver licenses held in the past (3) years must be shown.			
State _____	License No. _____	Type _____	Exp. Date _____
State _____	License No. _____	Type _____	Exp. Date _____
State _____	License No. _____	Type _____	Exp. Date _____
Have you ever been denied a license, permit or privilege to operate a motor vehicle?		Yes	No
If yes, please explain: _____			
Has any license, permit or privilege ever been suspended or revoked?		Yes	No
If yes, please explain: _____			
Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations?		Yes	No
If yes, please explain: _____			

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates	Approx. No. of Miles (Total)
Straight Truck			
Tractor & Semi-Trailer			
Other			

"Driver Information Page" continued on next page . . .

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE. If none, type "None."

Dates	Nature of Accident (Head-on; Rear-end, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS OTHER THAN PARKING VIOLATIONS. If none, type "None."

Location	Date	Charge	Penalty

SPECIAL QUALIFICATIONS

List states operated in for the last five (5) years: _____

List any special courses or training that you had in this area: _____

List any safe driving awards you have earned: _____

SKILLS & QUALIFICATIONS

Summarize special skills and qualifications from employment or other experiences that may qualify you to be part of the Four Seasons Team.

List special accomplishments, publications, and awards. (Exclude information, which would reveal sex, race, religion, natural origin, age, color, disability or other protected status.)

List professional, trade, business or civic associations and any offices held. (Exclude membership, which would reveal sex, race, religion, natural origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

APPLICANT STATEMENT

- I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I understand that any information provided by me that is not requested by the employer will also be sufficient cause to cancel further consideration of the application.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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My typed name below shall have the same force and effect as my written signature.

Signature of Applicant _____

Date _____

Signature of Interviewer _____

Date _____

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Continue to Page 10 to finalize application and email or print to submit.

VOLUNTARY SELF - IDENTIFICATION *(Confidential - For Statistical Use Only)*

Four Seasons Produce, Inc. and its subsidiaries are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, State or Local law. The information below will be used only in the compilation of data for Affirmative Action reporting. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

LAST NAME: _____ FIRST NAME: _____ MI: _____

ZIP CODE: _____

HOW DID YOU FIRST LEARN OF FOUR SEASONS AND/OR ITS SUBSIDIARIES?

___ Family member _____

___ Friend _____

___ High School / College _____

___ Job Fair _____

___ Newspaper _____

___ Publication _____

___ Referral (other) _____

___ Walk-in

___ Other _____

GENDER

_____ MALE

_____ FEMALE

RACE (HOW DO YOU DESCRIBE YOURSELF?) PLEASE CHECK ALL THAT APPLY.

___ **Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

___ **White (not Hispanic or Latino):** Persons having origins in any of the original peoples of Europe (North Africa, or the Middle East.)

___ **Black or African American (not Hispanic or Latino):** A person having origins in any of the black racial groups in Africa.

___ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ **Asian (not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ **American Indian or Alaska Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

I choose not to voluntarily disclose this information.

FOR OFFICE USE ONLY

App/Res date: _____ Job Title: _____ EEO job category: _____ FT/PT Dept: _____ IV Date: _____ Interviewer: _____

Status Code: _____ Hire Date: _____ Comments: _____