



Personal Information

PLEASE PRINT

Name	TODAYS DATE:	
Address		
City	State	Zip Code
Phone #	Date of Birth :	
Drivers License #	Date Available to Start? :	

POSITION / DEPARTMENT

Driver / Route Rep		
Customer Service		
Other		
Have you ever been affiliated with Pacific Prime Foods?	Yes	No
If yes, Where?		
Position held		
Willing to relocate?	Yes	No
Have you ever been convicted of a felony?	Yes / No	Date of Conviction:
If Yes, Please explain:		

PREVIOUS EMPLOYMENT

Name & Address of Company	Supervisors Name & Phone #	May we Contact?
		Yes
		No
Reason for leaving		

Name & Address of Company	Supervisors Name & Phone #	May we Contact?
		Yes
		No
Reason for leaving		

Name & Address of Company	Supervisors Name & Phone #	May we Contact?
		Yes
		No
Reason for leaving		

EDUCATION

School / Institution	Area of Study	Degree / Number of years

Related Skills / Office / Technical Skills

REFERENCES

Name	Phone #	Relation