

Dear Applicant,

Thank you for your interest in our company. Please note there are five pages total in this file (including this letter). To expedite your application, please read the instructions below. If you have any questions or need any assistance, please email careers@excaliburseasoning.com or call the Human Resources Department at: (309) 347-1221 ext. 6014.

Sincerely, Human Resource Department

Instructions:

- •Save the pdf file to your desktop or computer
- •Open the pdf file via Adobe Reader
- •Fill out the form as completely as possible
- •Upon completion, save the file using the "Save As" function and rename the file
- •Make sure "Format" option is selected as "Adobe PDF"
- •Email your completed form and other pertinent information (i.e., your resume, salary history and your thoughts on why you would like to work with Excalibur

Seasoning using your email program to careers@excaliburseasoning.com

Other options to submit your application:

Fax to:309.347.1001 or Mail to: Excalibur Seasoning Company Ltd. Attention: Human Resource Department 1800 Riverway Drive Pekin, IL 61554



	Em	ployme	nt Applicati	on For	m		
Date: F		Referred by:		Date	Date Available		
Name:							
Address:							
City:				State:	Zip:		
Home Phone: _			Cell Phone:				
E-mail:							
Have you ever If yes, date of e Do you have ar	rs or older? been employed by mployment: ny friends or relati ne and location:	y an Excalil	bur Seasoning ved by Excalibu	Company r Seasoni	Ltd. Yes ng Company	No / Ltd.? Yes No_	
		List	hours of availa	bility:	Fri		
Mon	Tue	Wed	Th	u 👘	Fri	Sat	
Position Desire	d:			Sa	lary Desired:	· ·	
	Name and loca of School	tion	# of Years Attended		id You aduate?	Degree Awarded	
High School							
College							
Vocational							
Other							



Please list your work experience for the past 10 years beginning with your most recent. Include all information for each employer and attach additional sheets if necessary.

Company	Phone Number				
Address:					
City:	State: Zip:				
Job Title:	Supervisor:				
Duties:					
Reason for leaving:					
Employment Dates: From	То				
Company	Phone Number				
Address:					
City:	State: Zip:				
Job Title:	Supervisor:				
Duties:					
Reason for leaving:					
Employment Dates: From	То				
Company	Phone Number				
Address:					
	State: Zip:				
Job Title:	Supervisor:				
Duties:					
Reason for leaving:					
Employment Dates: From	То				



Have you ever served in the armed forces? Yes __ No __

Can you perform the essential functions of the position you're applying for, with or without reasonable accommodation? Yes ___ No ___

Please list professional and personal references aside from family members.

Name:	
	_ Phone Number:
Name:	
	Phone Number:
Name:	
	Phone Number:
Name:	
	Phone Number:

DRUG ABUSE POLICY

To provide a safe and healthy workplace free from drug abuse, Excalibur Seasoning Company Ltd. Practices mandatory drug testing for pre-employment, post-accident, reasonable suspicion and random drug screening. Applicants who are being offered employment will be required to undergo a drug test as part of the employment application process. A positive test result will make an applicant ineligible for employment.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Excalibur Seasoning Company Ltd., Inc. is an Equal Opportunity Employer and does not discriminate based on age, ancestry, race, religion, color, sex, national origin, citizenship, marital status, disability, arrest and court record, sexual orientation or other grounds protected under local, state, and federal laws, except where a bona fide occupational qualification exists.



PLEASE READ CAREFULLY BEFORE SIGNING

- By my signature below, I promise that the information provided in this employment application (and accompanying resume or documentation) is true and complete, and that any false or misleading information or omissions may disqualify me from further consideration for employment and may lead to my immediate discharge from employment if discovered at a later date.
- I authorize the Company and its Agent to fully investigate my personal and employment history and authorize all my employers (person, firm or corporation), personal references, school, government agency and another entity to provide the Company with any information, including fact or opinion, that they may have regarding me. I release the Company and all providers of any information from any liability as the result of furnishing and receiving this information. I understand and agree that if offered employment, any such employment offer shall be dependent upon the receipt of satisfactory references as determined by Excalibur Seasoning Company Ltd.
- I authorize the Company to provide truthful information regarding my employment to any potential or future employer and release and waive any claims against the Company for truthfully communicating any such information to a potential or future employer.
- I understand that this application does not create a contract of employment, and that, if hired, I am obliged to comply with all current and subsequently adopted Company policies.
- I understand that the Company has the right to modify, amend or terminate policies, benefit plans, and other Company programs within the limits and requirements imposed by law.
- I understand that if hired, I will be required to abide by all rules and Company policies. I
 also understand that my employment at Excalibur Seasoning Company Ltd. is at -will and
 may be discontinued by either the Company or myself at any time, with or without cause,
 for any or no reason. The President of the Company has sole authority to change the atwill policy and/or to create an employment contract.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS

Date: _____ Signature: __

This application will be kept active for 90 days. Please feel free to contact the Company after this period concerning employment opportunities.