

APPLICATION FOR EMPLOYMENT

(must be 18 years of age; must legally be permitted to work in the USA)

For application to be considered, each question must be answered.

PLEASE PRINT



Date _____

Personal Information

Full Name (First, Middle, Last)		Social Security #	
Present Address	City/State	Zip	How Long?
Previous Address	City/State	Zip	How Long?
Previous Address	City/State	Zip	How Long?
Home Telephone	Cell Phone (optional)	E-Mail Address	

Education

Schools Attended	Name/City/State of School	Dates Attended		Did you graduate?	Degree/Certification
		Month/Year	Month/Year		
High School					
College					
Business, Trade Other					
Professional Certifications					

Desired Employment

Position	Date you can start	Desired Salary
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you become interested in Lance?	

Can you work any shift? ____ Yes ____ No

I will NOT work ____ 1st ____ 2nd ____ 3rd

Work Experience (beginning with most recent employer)

Employer		
Address	City/State	Zip
Month/Year Began	Month/Year Left	Rate of Pay
Position Held	Supervisor's Name	Telephone
Description of work		
Reason for leaving		

Employer		
Address	City/State	Zip
Month/Year Began	Month/Year Left	Rate of Pay
Position Held	Supervisor's Name	Telephone
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Reason for leaving		

Employer		
Address	City/State	Zip
Month/Year Began	Month/Year Left	Rate of Pay
Position Held	Supervisor's Name	Telephone
Description of work		
Reason for leaving		

Work Experience (continued)

Employer				
Address		City/State		Zip
Month/Year Began	Month/Year Left		Rate of Pay	
Position Held	Supervisor's Name		Telephone	
Description of work				
Reason for leaving				

Employer				
Address		City/State		Zip
Month/Year Began	Month/Year Left		Rate of Pay	
Position Held	Supervisor's Name		Telephone	
Description of work				
Reason for leaving				

References (work related or professional)

	Name	Address	Business	Phone Number
1				
2				
3				

Have you previously worked with Lance? _____ When? _____ Where? _____

General

Have you ever been convicted of a crime, plead guilty or no contest to criminal charges, or otherwise had a finding or determination of guilt entered against you by any court? _____

If yes, please explain _____

Military Service

Branch _____ Date Discharged _____ Type of Discharge _____

READ CAREFULLY AND SIGN BELOW

Neither the acceptance of this application, the subsequent entry into any type of employment relationship, nor the use of employee handbooks, personnel manuals, benefit plans and the like, as those publications may exist from time to time, shall serve to create either an actual or an implied contract of employment, to confer any right to remain in Lance's employ, or otherwise to change in any respect the employment-at-will relationship between Lance and the undersigned. Instead, regardless of any position the undersigned may fill, either initially or thereafter, that employment relationship may be terminated by Lance at any time without advance notice, restriction or liability except for earned wages or salary.

I certify that the foregoing information is complete and accurate to the best of my knowledge and recognize that falsification or omissions may result in rejection of my application and/or my dismissal. I authorize Lance, Inc. to act as my agent in securing information about me from any person or company, without liability to such person or company to Lance, Inc.

It is a condition of employment that all applicants and employees are subject to be tested for drugs and alcohol.

Signature

Date



LANCE, INC. BENEFITS

Eligible the first of the month following 30 days of employment:

- **Medical (Blue Cross) – Lance pays 70% of premiums**
 - EPO (cost is \$20/week for single coverage; \$68/week for Emp/Spouse; \$61/week for Emp/Child(ren); \$92/week for Family.
 - PPO (cost is \$16/week for single coverage; \$52/week for Emp/Spouse; \$47/week for Emp/Child(ren); \$70/week for Family.
 - BCBS-HDHP (cost is 8.25/week for single coverage; \$28/week for Emp/Spouse; \$25.25/week for Emp/Child(ren); \$39/week for Family.
 - Premiums are pre-tax.
 - Wellness programs
 - Prescription drug benefits

- **Dental (Met Life)**
 - Plan A (basic) (cost is 2.06/week for single coverage; 7.14/week for family coverage)
 - Plan B (major) (cost is \$4.02/week for single coverage; \$14.01 for family coverage)
 - Plan C (same as Plan B with orthodontic care for dependents) \$16.38/week for family coverage only

- **Cancer (American General)**
 - Weekly cost is \$2.67/week for employee only; 4.71/week for family coverage
 - Covers annual exams, additional treatment and hospitalization plus 20 other specified Diseases

- **Vision insurance**
 - Weekly cost is \$2.20/week for employee only; \$3.12/week for employee + 1; \$5.60/week for family coverage
 - Allows discounts for eye exams, glasses or contacts through network providers

- **Life insurance**
 - Lance pays for basic life in the amount of 1.5 x base salary
 - Can purchase additional life for employee and dependents

- **Accidental death & dismemberment**
 - Available in increments of \$25,000 to \$500,000 for employees and dependents

- **Disability**
 - Company provides short-term disability of 60% of base income (through Met Life) for a period of 26 weeks.
 - Company provides long-term disability of 50% of base income. Can purchase additional disability insurance.

Eligible after six months of service:

- **401k Savings Plan:** May contribute as little as 1% or as much as 40% of salary, up to IRS limits. These contributions are made on a pre-tax basis, lowering your taxable income which means you pay fewer income taxes. Contributions are matched \$0.50 on the first 5%. Merrill Lynch administers plan – employee chooses funds

Eligible after one year of service and 1000 hours

- **Profit Sharing Plan** – Lance annually contributes no less than 3.25% of eligible compensation each year to your account. (3.25% of compensation for each participant with less than 10 years of service and at least 3.5% of compensation for each participant with 10 or more years of service)
Merrill Lynch administers plan – employee chooses funds



Thank you for your interest in working with Lance Inc. After your application is received a supervisor will review it. However, PLEASE DO NOT CALL OR VISIT THE PERRY PLANT CONCERNING THE STATUS OF YOUR APPLICATION. If your application is chosen, you will be notified.

Please understand that a background check, drug screen and physical will be done for every person that is chosen for employment with Lance Inc. Make sure that you read the whole application and complete the application in its entirety. If your application is considered incomplete it will not be reviewed by a supervisor.

Signature: _____

Date: _____

Experience and Qualifications

List all drivers' licenses or permits held in the past 3 years

State	Expiration Date	License Number	Type

A. Have you ever been denied a License, permit or privilege to operate a motor vehicle?
 Yes _____ No _____

B. Has any License, permit or privilege ever been suspended or revoked?
 Yes _____ No _____

C. Have you ever been convicted of a crime, plead guilty or no contest to criminal charges, or otherwise had a finding or determination of guilt entered against you by any court?
 Yes _____ No _____

If the answer to A, B, or C is "Yes, please explain:

DRIVING EXPERIENCE (CHECK YES OR NO)

CLASS OF EQUIPMENT

Straight Truck Yes NO
 Tractor and Semi-Trailer Yes No
 Tractor - Two Trailers Yes No
 Other

CIRCLE TYPE OF EQUIPMENT

(Van, Tank, Flat, Dup, Etc.)
 (Van, Tank, Flat, Dup, Etc.)
 (Van, Tank, Flat, Dup, Etc.)

From (M/Y) To (M/Y)

Type of products hauled

List states operated in for the last 3 years

ACCIDENT RECORD FOR THE PAST THREE YEARS

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatalities	Injuries

TURN OVER

TRAFFIC CONVICTIONS OR FORFEITURES FOR THE PAST THREE YEARS
(Other than Parking Violations)

Location	Date	Charge	Penalty

READ CAREFULLY AND SIGN BELOW:

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 a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: _____

Date: _____

APPLICANT'S VOLUNTARY SELF-IDENTIFICATION RECORD

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is strictly voluntary. This survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Your cooperation is appreciated.

ETHNIC GROUP (please check one)

- White (not of Hispanic origin)
- Black
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic

HANDICAPPED

- Handicapped Individual means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.

VETERANS

- Special Disabled Veteran - A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge/release from active duty was for a disability incurred or aggravated in the line of duty.
- Veteran of the Vietnam Era (in Vietnam or other countries) - A person who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge if any part of active duty occurred in the Republic of Vietnam between 2/28/61 and 5/7/75 or between 8/5/64 and 5/7/75 in other countries. This includes being discharged or released from active duty for a service-connected disability during the above timeframes.
- Other Protected Veteran - A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized
- Newly-Separated Veteran - A veteran who served on active duty and was discharged within the last 12 months.

GENDER

- Female Male

Position(s) applied for: _____

Name (please print): _____

Signature: _____

Date: _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER