



P.O. Box 26 • Rheems, PA 17570-0026 • Phone 800-692-6008 • Fax 717-367-5913

## Employment Inquiry

I understand that this is not an employment application. This inquiry will, however, be reviewed and my qualifications considered for possible job openings in the future. If this company finds my qualifications and employment background match a current opening, I will be contacted to complete an Application of Employment.

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Signature

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Date

### **Please Read Prior to Completing the Employment Inquiry**

Wenger's Feed Mill, Inc. welcomes your inquiry for employment. Should a position become open for which your inquiry conveys you qualify, Wenger's will contact you. At that time, we will request you complete an Application of Employment and you will be given the job description for your review.

This inquiry for employment shall be considered active for a period of time not to exceed twelve (12) months. Any individual wishing to remain active beyond this time shall contact Wenger's Feed Mill to extend your inquiry's active period.

It is to your advantage to be very specific in the information you provide.

Wenger's is a completely smoke-free working environment. Due to safety factors specific to the feed mill operation and to overall health concerns, no smoking is permitted inside any Wenger facility.

For all new hires, Wenger's requires a "post-offer" drug test performed by a medical facility chosen by Wenger's. For all driving positions, Wenger's does require, if hired, drug testing for all inter-state and intra-state driving positions. This policy is in compliance with the Pennsylvania Department of Transportation. Drug testing is required "post-offer" of a driving position, post-accident, randomly, and with reasonable cause. Alcohol testing is required for post-accident, randomly, and with reasonable cause.

In the event of employment, I understand I am required to abide by all rules and regulations of the employer.

I certify that answers given herein are true and complete to the best of my knowledge.

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Signature

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Date

All individuals considered for employment are evaluated without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please answer every question and please print clearly

Name: (Print clearly) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone (if OK to call) \_\_\_\_\_  
(Area Code)

Can you provide required proof of your eligibility to work? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_  
(applies only if under 18 years old)

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? Yes \_\_\_\_\_ No \_\_\_\_\_  
*Proof of citizenship or immigration status will be required upon employment.*

*Please indicate education or training which you believe qualifies you for the position you are seeking.*

High School: Number of Years Completed (please circle one) 9 10 11 12

Diploma/G.E.D.: \_\_\_ Yes \_\_\_ No

College and/or Vocational School:

Number of Years Completed (please circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

List other specialized training, skills, etc.  
\_\_\_\_\_  
\_\_\_\_\_

Type of work desired: (check as many as applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> Feed Truck Driver (CDL Class A)               | <input type="checkbox"/> Mill Maintenance         |
| <input type="checkbox"/> Mill Production                               | <input type="checkbox"/> Truck Service Technician |
| <input type="checkbox"/> Poultry House Worker/Egg Packer               | <input type="checkbox"/> Office                   |
| <input type="checkbox"/> Egg Marketing Services Warehouse              | <input type="checkbox"/> Sales/Service            |
| <input type="checkbox"/> Egg Marketing Services Tractor-Trailer Driver | <input type="checkbox"/> Other _____              |

Shift Available: (check as many as applicable)

- |                                  |           |                          |
|----------------------------------|-----------|--------------------------|
| <input type="checkbox"/> Day     | Full-time | <input type="checkbox"/> |
| <input type="checkbox"/> Evening | Part-time | <input type="checkbox"/> |
| <input type="checkbox"/> Weekend |           |                          |

Wages preferred: \_\_\_\_\_

Since Wenger Feeds has numerous locations, it would be helpful if you would identify which location(s) you are interested in working. (Note: Please mail all applications to Corporate Office)

- Corporate Office/All Rheems Locations ~ P.O. Box 26, 101 W. Harrisburg Avenue, Rheems, PA 17570
- Mount Joy Mill ~ 230 S. Market Avenue, Mount Joy, PA
- Spring Glen Mill ~ Rt 25, Spring Glen, PA (near Gratz)
- Shippensburg Mill ~ 1122 Mt. Rock Road, Shippensburg, PA
- Massey Mill ~ 12201 Massey Road, Massey, MD
- Dutch Country ~ RD 1, Fredericksburg, PA (Poultry Complex)
- Hegins Valley Farm ~ RR #1 Hegins, PA (Poultry Complex)
- Muncy Mill ~ 6829 Route 405 Highway, Muncy, PA
- Egg Marketing Services ~ P.O. Box 25, Rheems, PA 17570

Please include all employers you worked for over the past 10 years (if applicable)

Begin with your most recent employer

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Salary \_\_\_\_\_ Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (Be specific) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_  
May we contact this person for a reference? \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Salary \_\_\_\_\_ Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (Be specific) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_  
May we contact this person for a reference? \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Salary \_\_\_\_\_ Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (Be specific) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_  
May we contact this person for a reference? \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Salary \_\_\_\_\_ Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (Be specific) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_  
May we contact this person for a reference? \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Salary \_\_\_\_\_ Duties & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (Be specific) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Company Phone: ( ) \_\_\_\_\_  
May we contact this person for a reference? \_\_\_\_\_

Remember to list at least 10 years of employment. Use the back if you need additional space.

**For Driving Positions Only**

Driver's license # \_\_\_\_\_ Birthdate \_\_\_\_\_  
Type \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Experience**  
Straight Truck # years \_\_\_\_\_ Tractor/Semi-Trailer # years \_\_\_\_\_  
Other \_\_\_\_\_

Accidents (last three years)

<u>Nature</u>	<u>Date</u>	<u>Injuries/Fatalities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Convictions (Last three years)

<u>Nature</u>	<u>Date</u>	<u>Penalty</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you **ever** been denied a license or privilege to operate a motor vehicle? \_\_\_\_\_  
Has any license or privilege **ever** been suspended or revoked? \_\_\_\_\_  
If the answer is yes to any of the above, please explain on reverse side of paper.  
Date of last DOT physical exam \_\_\_\_\_

I hereby declare that the above stated information is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## How did you hear about us?

- Newspaper Ad (which paper?) \_\_\_\_\_
- Employee Referral (Name) \_\_\_\_\_
- WFM Website
- Online employment ad
- Other \_\_\_\_\_