



Oct. 2018

Warehouse Position – Order Selecting

Peirone Produce Co. is the largest and fastest growing produce wholesaler in the Greater Spokane Area. At this time, we are looking to add permanent (not temporary) members to our fast-paced warehouse **order selecting team**. The shift we are currently hiring for is a "swing" shift. Our pickers work 4/10's, with shifts starting at 4:00pm and ending at 2:30am. Available shifts are non-flex and will be discussed during your interview.

Minimum Requirements:

- All warehouse employees are required to join the Teamsters Union
- Order selectors must be able to lift, push, pull, and twist with up to 60 lbs. consistently throughout scheduled shift
- Must be able to work overtime if needed
- Must be available to work weekends and some holidays
- All applicants must be at least 18 years of age minimum
- We are a drug free workplace: pre-employment drug screen required
- All employees must pass a pre-employment physical capacities test

Benefits include:

- Teamsters Union benefit package: medical, dental, and vision
- Teamsters Union pension
- Paid vacation after first year of employment
- 5 paid holidays after 5-month probationary period

Wage:

Union wage scale progression topping out at \$22.74/hr and starting at 70% of full scale

Interested? Please respond via one of the following options:

- **WEB:** Peirone website "Career" page where you can upload a PDF/Word doc of your job application and/or resume: <https://peironeproduce.com/careers/>
- **EMAIL:** Email your job application and/or resume to Jesse Landsiedel at JLandsiedel@peirone.com with the specific job title that you're interested in the Subject field
- **IN PERSON:** We are located 10 minutes West of Spokane. Take the Medical Lake exit off of I-90 and follow South to Hallett Rd. At your 1st stop sign, take a left and follow about a mile to Peirone on the left. Address: 9818 W Hallett Rd, Spokane, WA 99224. Office hours for accepting job applications: **M-F, 8am-4pm**

Please note, we will contact you after reviewing your paperwork and we believe we may be a good fit for each other. Should you not hear back from us, we have either filled the position or are currently seeking candidates that more closely match our qualifications. Please do not call or repeatedly visit the front office if you do not hear back from us. Send an email to the email address noted in this job posting and we will do our best to get back to you promptly. Thank you.

NOTICE TO APPLICANTS

Peirone Produce Company is committed to providing an equal opportunity to all individuals who are seeking employment. The objective of Peirone's hiring procedures is to select the most qualified individual for the job. All applicants are encouraged to provide the company with information that will demonstrate their qualifications to perform the duties of the job for which they are applying.

Invitation to Request Reasonable Accommodation for Applicants with a Disability

Any applicants with a disability who need reasonable accommodation in any step of the hiring process to assist them in demonstrating their qualification to perform the duties of the job should inform the Controller at (509) 838-3515, PO Box 19147, Spokane, WA 99219-9147

EEOE

I have read and understand the above statement _____

(Signature of Applicant)

EEOC/VETERANS APPLICANT DATA FORM

Peirone Produce Company is committed to providing equal opportunity in all employment related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status. Reasonable accommodation based on disability or religious observances, will be considered when appropriate. Peirone Produce Company recognizes its affirmative action responsibilities with respect to women, minorities, individuals with disabilities and eligible veterans. Peirone Produce Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from your application for employment, and will only be used in accordance with the provision of applicable laws, executive orders, and regulation, including those that require the information to be summarized and are reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENERAL INFORMATION

NAME _____
Last First Middle

SEX Male ☐ Female ☐

POSITION(S) APPLYING FOR _____

DISABILITY

☐ I choose to be identified as an individual with a disability because I have a record of, or am regarded as having a physical or mental impairment that substantially limits one or more of my major life activities.

☐ I choose not to be identified

This information will not be shared with any other sources and will only be used for data collection purposes.

RACE/ETHNIC CLASSIFICATION

- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the black racial groups of Africa.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in Hawaii or Samoa Pacific Islands.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent. This area includes, for example, China, Japan, Korea, and the Philippine Islands.
- ☐ **AMERICAN INDIAN OR ALASKAN NATIVE:** A person having origins in any of the original peoples of North America.
- ☐ **TWO OR MORE RACES**

VETERANS/RESERVIST STATUS

- ☐ **SPECIAL DISABLED VETERAN:** I have a disability that entitles me to Veterans' Administration disability compensation rated at 30 percent or more; or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- ☐ **VIETNAM ERA VETERAN:** I served more than 180 days on active duty with one of the United State Armed Forces in the Republic of Vietnam between August 5, 1964 through May 7, 1975, and was discharged or released with any discharge other than dishonorable or was discharged or released from active duty because of a service-connected disability.
- ☐ **OTHER PROTECTED VETERAN:** I served in the military, ground, naval, or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ☐ **ACTIVE RESERVIST**
- ☐ **INACTIVE RESERVIST**
- ☐ **NONE OF THE ABOVE**

Signature: _____

Date: _____

PEIRONE PRODUCE COMPANY

Applicant's Authorization, Acknowledgement and Release

READ CAREFULLY BEFORE COMPLETING APPLICATION

I hereby authorize Peirone Produce Company ("Peirone"), or authorized employee or agent of Peirone to contact any and all companies, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background, including, but not limited to, information about my employment, education, driving record, criminal record and general public records history to any authorized representative of Peirone. **I hereby release the aforesaid parties from any liability and responsibility arising from collecting the above information.** This release shall remain in effect for the length of my employment with Peirone. I understand I will receive a copy of this consumer report if any adverse action/decision is made based on the information in the consumer report. If an Investigative Consumer Report has been conducted, I will be notified in writing within three days of receipt of my request for said report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

1. I further understand and agree that adherence to specifications pertaining to uniform, attire, and personal appearance are at the discretion of management.
2. I understand that if I were to be considered for employment with Peirone, I may be required to take a post-offer employment physical based on the job for which I am applying. I therefore authorize Peirone's appointed physician to release any information regarding medical conditions related to my ability to perform the job in question to an authorized Peirone representative.

All expenses incurred for a physical examination or drug screen that is requested by Peirone will be paid for by Peirone.

If requested by Peirone, I also give permission and agree to participate in pre-employment drug screening or testing. I understand the at het drug screening may or may not include an observed or unobserved urine collection, a blood draw, and/or any other drug or alcohol test as selected by Peirone. I specifically agree that the test results will be released to an authorized representative of Peirone.

3. Peirone adheres to the Drug Free Workplace Act and has a substance abuse policy and an employee drug/alcohol testing program.
4. I acknowledge and agree that if employed, my employment will continue at my will and at the will of Peirone, and may be terminated at any time for any legal reason by either party. Peirone will not make commitments in regards to probability of employment. I also agree that this application does not constitute an employment contract and I acknowledge that no official or representative of Peirone is authorized to enter into any verbal contract establishing an employment relationship with any applicant or employee of any particular duration of tenure.
5. Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying must make requests for accommodation to the Controller, PO Box 19147, Spokane, WA 99219-9147.
6. I certify that I have read and understand the above Authorization, Acknowledgement and Release, and will complete the application for employment form as accurately and completely as possible.

CERTIFICATION: My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire.

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

We are an Equal Opportunity Employer

PEIRONE PRODUCE COMPANY

Application for Employment

Please Print and Complete All Questions

NAME Last First Middle			Date	Social Security Number		
PRESENT ADDRESS		Street	City	State	Zip	Phone Numbers: Home Cell
Birthdate		Referred By	Email Address			
Position For Which You Are Applying		Second Choice	Date Available		Salary/Wage Expected	
Can you work overtime?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you provide proof of eligibility to work in the U.S. if you			
Can you work shifts?		Yes <input type="checkbox"/> No <input type="checkbox"/>	are hired? Yes <input type="checkbox"/> No <input type="checkbox"/>			
List any skills or qualifications relative to the job for which you are applying:						
List any relatives working here:						
Have you worked for this company or a competitor under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been discharged or asked to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, what name and when?			If so, please explain:			
Please list your driver's license number and state <i>(Answer only if operating a motor vehicle is a requirement of the job for which you are applying.)</i>						
Name you graduated from high school under:			Other names you have been known by:			
EDUCATION	Name of Institution	City & State	Dates	Graduate?	GPA	Degree
High School						
GED						
College						
U.S. MILITARY SERVICE	Branch of Service	Date and Rank at Discharge	List duties pertaining to job for which you are applying:			
Date(s) of Service:						

Qualified applicants will receive consideration for employment without discrimination regardless of race, color, religion, age, sex, national origin, marital status, disability, Vietnam Era or disabled veteran.

APPLICANT'S NAME									
REFERENCES other than relatives or former employers									
Name		Address		Phone		Occupation		Years Known	
Name		Address		Phone		Occupation		Years Known	
EMPLOYMENT RECORD Begin with current position (if employed) and account for all time during past 10 years									
From:	To:	Employer	Address	Phone	Job Duties				
Job Title		Address							
Supervisor		Type of Business							
Starting Rate	Ending Rate	Reason for Leaving							
From:	To:	Employer	Address	Phone	Job Duties				
Job Title		Address							
Supervisor		Type of Business							
Starting Rate	Ending Rate	Reason for Leaving							
From:	To:	Employer	Address	Phone	Job Duties				
Job Title		Address							
Supervisor		Type of Business							
Starting Rate	Ending Rate	Reason for Leaving							
From:	To:	Employer	Address	Phone	Job Duties				
Job Title		Address							
Supervisor		Type of Business							
Starting Rate	Ending Rate	Reason for Leaving							
From:	To:	Employer	Address	Phone	Job Duties				
Job Title		Address							
Supervisor		Type of Business							
Starting Rate	Ending Rate	Reason for Leaving							

PEIRONE PRODUCE COMPANY

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company.

Please exclude my current employer ☐ yes ☐ no

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from ACKGROUND SOURCE INTL and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

Applicant Signature: _____ Date: _____

Please PRINT Clearly Position Applied For: _____

Name: _____ Maiden/AKA: _____

First

Middle

Last

Social Security Number: _____ *Sex: Male Female *Race _____ Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long? _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How Long? _____ to _____

Motor Vehicle Report

Name as it appears on license: _____ License #: _____ State: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the even we discover adverse information during our background investigation.

Prior Empl _____ Social Sec Search _____ MVR _____ Crim _____ Other _____

Background Source Intl

P.O. Box 2760 * Coeur d'Alene, ID 83816

Phone: 1-866-769-7281 Fax 1-208-769-7282

CONSENT AND RELEASE FOR RESULTS OF CONTROLLED SUBSTANCE, EVIDENTIAL ALCOHOL TESTING AND REFUSAL TO TEST REPORTS

Please Print:

I, _____ SSN: _____ - _____ - _____, hereby give consent and authorize for the below listed employers to disclose to Background Source Intl, Peirone Produce Company, the results of my controlled substance, evidential alcohol testing, and/or any refusal to submit to tests as mandated by 49 CFR Part 40 of the DOT regulations. I further agree to hold harmless the previous employers listed below, Background Source Intl, Peirone Produce Company, also any agents, representatives, directors or volunteer of the above mentioned for any damages, loss of employment, and any negative outcome that may result from such disclosures.

List previous employers in which a valid Commercial Driver's License was required to perform safety-sensitive functions for a period of three years prior to date of application.

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Previous Employer: _____ Phone: _____

City: _____ State: _____

Dates of Employment: From ____/____/____ To ____/____/____

Signature of Applicant: _____ Date: _____

Signature of Designated Employer Representative: _____

Print Name/Title of Designated Employer Representative: _____