



# APPLICATION FOR EMPLOYMENT

PLEASE PRINT USING INK

EQUAL OPPORTUNITY EMPLOYER  
"AT WILL" EMPLOYER

Date Submitted: \_\_\_\_\_  
(Application effective for 30 days)

## PERSONAL INFORMATION

Last Name	First Name	Middle Name	Home Phone
Street Address			Cell Phone
City, State, Zip			E-Mail

Have you ever applied for employment with us?      YES      NO      (circle one)  
If yes; when and what department: \_\_\_\_\_

Social Security # \_\_\_\_\_

Position Desired \_\_\_\_\_

Desired Pay \_\_\_\_\_

**REFERRAL SOURCE**

<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> Job Service/Workforce Center	<input type="checkbox"/> Employee: _____
<input type="checkbox"/> Internet: _____	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Relative: _____
<input type="checkbox"/> Radio/TV: _____	<input type="checkbox"/> College Recruitment	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Other: _____		

Are you legally eligible to work in the USA?      YES      NO      (circle one)  
(Proof of citizenship or immigration status will be required upon employment.)

When are you available to begin work? \_\_\_\_\_

List the name(s) of any friends or relatives who work for us: \_\_\_\_\_

Can you work nights?      YES      NO

Have you ever been subject to drug and/or alcohol testing under state or federal department of transportation (DOT) regulations?      YES      NO

Are you at least 18 years old?      YES      NO

Have you ever been convicted of a felony?      YES      NO      If yes, provide details: \_\_\_\_\_  
(conviction will not necessarily preclude employment)

Are you currently bound by a noncompetition or trade secret agreement?      YES      NO      If yes, provide details: \_\_\_\_\_

Have you ever worked for us before?      YES      NO      If yes, provide details: \_\_\_\_\_

List the states in which you've resided in the last 7 years: \_\_\_\_\_

## JOB REQUIREMENTS

**Do not answer this question unless you have reviewed the job description of the position for which you are applying.**

Are you capable of performing the essential functions of the position, with or without reasonable accomodation?      YES      NO

## EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# of YEARS	GRADUATE	DEGREE/DIPLOMA

Other special training or skills: \_\_\_\_\_

Military service or training: \_\_\_\_\_

Languages: \_\_\_\_\_

**EQUAL OPPORTUNITY & "AT WILL" EMPLOYER**

This company is an Equal Opportunity Employer and employs, retains, promotes, terminates, and otherwise treats all employees and job applicants without regard to race, religion, color, sex, disability, national origin, ancestry, pregnancy, age, veteran status, genetic information, or any other consideration made unlawful by federal, state, or local laws. This company is an "at will" employer. This means that employment at the company is terminable at the will of either the employee or the company, at any time, with or without cause, and with or without notice, for any reason not prohibited by law. The only exception is when a written contract of employment for a fixed duration or for other than "at will" employment is signed by an employee and Creekstone's CEO.

**EMPLOYMENT RECORD**

Please give an accurate and complete full-time and part-time employment record. Start with your present or most recent employer.

Employer Name:	Phone:	Salary Start:                      End:
Address:	May we contact this employer? YES NO	Employed (Month/Year) From:                      To:
Name of Supervisor:	Reason for Leaving:	

Job Title and Responsibilities/Duties:

Employer Name:	Phone:	Salary Start:                      End:
Address:	May we contact this employer? YES NO	Employed (Month/Year) From:                      To:
Name of Supervisor:	Reason for Leaving:	

Job Title and Responsibilities/Duties:

Employer Name:	Phone:	Salary Start:                      End:
Address:	May we contact this employer? YES NO	Employed (Month/Year) From:                      To:
Name of Supervisor:	Reason for Leaving:	

Job Title and Responsibilities/Duties:

**REFERENCES**

NAME	ADDRESS	BUSINESS/TITLE	TELEPHONE NO.

**SIGNATURE**

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application, any required document, or interview(s) may result in discipline up to and including termination of my employment.

I understand that this application for employment shall be considered active for a period of time not to exceed 30 days and that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I UNDERSTAND THAT EMPLOYMENT WITH THE COMPANY IS "AT WILL." THIS MEAN EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT ANY TIME BY EITHER ME OR THE COMPANY. I UNDERSTAND THAT NO HANDBOOK, MANUAL, OTHER DOCUMENT, OR STATEMENT SHALL LIMIT THE COMPANY'S RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CASE OR NOTICE, OR TO MAKE CHANGES TO MY POSITION, TITLE, JOB RESPONSIBILITIES, OR COMPENSATION LEVEL; THAT NO MANAGER, SUPERVISOR, OR OTHER EMPLOYEE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A FIXED DURATION OR FOR OTHER THAN "AT AILL" EMPLOYMENT; AND THAT ONLY THE CEO OF THE COMPANY HAS THE AUTHORITY TO MAKE SUCH AN AGREEMENT IF IT IS IN WRITING AND SIGNED BY THE CEO AND ME.

I understand that any employment offer is contingent upon the following: (i) my providing, within three (3) days of employment, valid proof of my identity and eligibility to work in the United States; (ii) my consent to be tested for drugs and/or alcohol in accordance with the company's Drug and Alcohol Policy, (iii) my passing a physical examination by the company; and (iv) my compliance with all rules, policies, and regulations of the company.

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

**NOTICE:** Title 15 of the U.S. Code, Section 1681 and following, require that we advise you that a routine inquiry may be made which will provide appropriate information regarding character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope fo the report, if one is made, will be provided.

I understand that this application will be accepted by the Company subject to the following conditions:

- 1 I hereby authorize Company representatives to conduct a complete background investigation including, but not limited to, the release of the following information: employment, criminal, military, medical, and credit history. I voluntarily waive all rights to recourse and release any employer, law enforcement agency, credit bureau, health care provider, or insurance firm from liability for compliance with this authorization. I hereby release the Company and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any information or reports.
- 2 Job offers will be conditioned upon the results of a post-offer medical examination. I thereafter consent to take any physical examinations as may be required by the Company.
- 3 The Company maintains a drug-free workplace and therefore strictly prohibits the illegal manufacture, distribution, possession, use and resulting impairment, including being under the influence, of durgs or controlled substances on Company premises.
- 4 If employed, I agree to comply with all plant, field, and office rules and to wear or use protective clothing or equipment as required by the Company.
- 5 I hereby agree that, if employed, I will not divulge any information that is confidential to this Company or any of its subsidiaries or affiliates while employed or at anytime thereafter.
- 6 I understand the Company is not obligated to hire me. If any employment relationship is established, I understand that I retain the right to terminate my employment at any time and that the Company retains a similar right.
- 7 I understand the Company , at its sole discretion, may alter, amend, or eliminate its existing employment policies and procedures.
- 8 I understand that statements contained in policies, practices, handbooks, and other Company material do not create any guarantee of employment. I understand that I may rely on statements to the contrary only if they are in writing and signed by an authorized Company official.
- 9 The Company will consider your completed and signed application active for 30 days.
- 10 My signature below certifies that the information contained in this application is correct to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





## Voluntary Affirmative Action Data

### YOUR PRIVACY IS PROTECTED

Creekstone Farms Premium Beef LLC 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, we invited employees to **voluntarily** self-identify their race, ethnicity, gender, veteran, and disability status.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment and is not a part of your official application for employment. The information will not be used in any hiring decision. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

What is your gender?  Male  Female

What is your race/ethnicity? (only mark one box)

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- White** (not Hispanic or Latino) - A person having origins in any of the original people of Europe, the Middle East or North Africa.
- Black or African American** (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** (not Hispanic or Latino) - A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (not Hispanic or Latino) - A person having origins in any of the original people of the North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races** (not Hispanic or Latino) - Please specify: \_\_\_\_\_

**Veteran** - As defined under one or more of the following:

- Disabled veteran*
- Recently separated veteran*
- Active duty wartime or campaign badge veteran*
- Armed forces service medal veteran*

- Yes**, I identify as one or more of the classifications of protected veteran as listed above
- No**, I am not a protected veteran

**Disabled** - You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

- Yes**, I have a disability (or previously had a disability)
- No**, I don't have a disability
- I do not wish to answer

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_