



EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE			Today's Date: _____	
_____	_____	_____	_____	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
_____	_____	_____	_____	_____
<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____		
<i>Home Phone</i>	<i>Alternate/Work Phone</i>	<i>Email Address</i>		

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION				
Are you interested in:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	
How did you hear about the position?	<input type="checkbox"/> Classified Ad	<input type="checkbox"/> Friend (Name)	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet
Desired Pay:	Hourly Pay (Minimum, if applicable)	\$ _____	Annual Pay \$ _____	\$ _____ Minimum Desired
When are you able to start work?	Date: _____			
Position desired:	_____			

Are you authorized to work in the United States? Yes _____ No _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, LB Pork, Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

If you are under 18, can you provide proof of eligibility to work? Yes _____ No _____

Do you currently live on a site or location with any swine or other livestock on it?

_____ No _____ Yes – (please explain)

Do you currently work with any swine or other livestock?

_____ No _____ Yes – (please explain)

LB Pork, Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, LB Pork, Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. LB Pork, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
TO ____ / ____ Month Year	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
HOURLY RATE/SALARY	TYPE OF BUSINESS			
STARTING \$ _____	TELEPHONE NUMBER	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON
FINAL \$ _____	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
TO ____ / ____ Month Year	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
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TO ____ / ____ Month Year	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
HOURLY RATE/SALARY	TYPE OF BUSINESS			
STARTING \$ _____	TELEPHONE NUMBER	TERMINATION ____ VOLUNTARY ____ INVOLUNTARY		REASON
FINAL \$ _____	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

Comments, including explanation for gaps in employment:

Reference Check

Applicant: As a part of our recruiting program, we perform employment reference checks for all applicants. Please read and sign below.

I, _____, give my authorization to LB Pork, Inc to perform an employment verification reference check with my current and/or past employers. I release LB Pork, Inc and past employers from liability relating to any information that is obtained during a reference check. References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Name: (sign) _____ Date: _____

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

REFERENCES: Please list three character and/or professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

Job Skills and Experience

Please rate your experience level or knowledge in the following categories:

Low		High	
1	2	3	4
<u>Nursery Experience</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sizing and Sorting			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Pen Management			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating/Vaccinating Pigs			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			
<u>Finishing Experience</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sizing/Sorting Pigs			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treating/Vaccinating Pigs			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			
<u>Maintenance Experience</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat Control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation Fans			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curtain Management			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feed Systems			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling Systems			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Heating Systems			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Washers			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manure Management Systems			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			

Low		High	
1	2	3	4
<u>Miscellaneous Experience</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising Employees			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Performance Problems			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounts payable/receivable			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptionist/Administrative Assistant			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			
<u>Computer Experience</u>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Google Docs			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Browsers			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			

Please share any other "pig related" experience:

**PRE-EMPLOYMENT DRUG TESTING
CONSENT AND RELEASE FORM:**

I hereby consent to submit to a drug test and to furnish a sample of my urine, for analysis, as shall be determined by LB Pork, Inc in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

S.S.#: _____

Signature: _____

Date: _____