

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE			Today's Date:				
First Na	me	МІ		Last Name		Preferred	Name/Nickname
							<u> </u>
Street Add	aress	Apt #	City	St	ate	2	lip Code
Home Ph	ione	Alternate/Wo	ork Phone		Eı	mail Address	3
	CHECK BY YOUR RI	ESPONSE OR F				- -	
Are you interested	in:		l	Full Time		Part Time	Temporary
How did you hear a	bout the position?	Classi	fied Ad	Friend (Na	me) I	Radio	Internet
	ourly Pay /inimum, if applicable)	<u>\$</u>		Annual Pay	<u>\$</u> Minimun	n	<u>\$</u> Desired
When are you able	When are you able to start work? Date:						
Position desired:							
Are you authorized to	o work in the Unite	ed States? Ye	es	No			
Federal law requires that compliance with these lat connection, all offers of e be necessary for you to s	aws, LB Pork, Inc. will employment are subje submit such documen	verify the status act to verification ts as are require	s of every in of the app ed by law to	ndividual offered licant's identity verify your ide	d employme and employ ntification a	ent with the (yment autho	Company. In this rization, and it will
If you are under 18, o	can you provide pr	roof of eligibi	lity to wo	rk? Yes	No		
Do you currently live	e on a site or locati	ion with any s	swine or o	other livestoo	ck on it?		
NoYes	– (please explain)						
Do you currently wo	rk with any swine o	or other livest	ock?				
NoYes	– (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 5.30.24.

WORK HISTORY

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Begin with present or most recent, list your most significant employers, if you wish to elaborate, a supplemental sheet or resume may be attached. Include military service if applicable.

		F _1.4
COMPANY:	DATES Start:	End:
ADDRESS:	REASON FOR LEAVING:	
JOB TITLE:	SUPERVISOR'S NAME:	
RESPONSIBILITIES AND DUTIES:		

COMPANY:	DATES Start:	End:
ADDRESS:	REASON FOR LEAVING:	
	REAGONT ON ELEVING.	
JOB TITLE:	SUPERVISOR'S NAME:	
RESPONSIBILITIES AND DUTIES:		

COMPANY:	DATES Start:	End:
ADDRESS:	REASON FOR LEAVING:	
JOB TITLE:	SUPERVISOR'S NAME:	
RESPONSIBILITIES AND DUTIES:		

COMPANY:	DATES Start:	End:
ADDRESS:	REASON FOR LEAVING:	
JOB TITLE:	SUPERVISOR'S NAME:	
RESPONSIBILITIES AND DUTIES:		

Comments, including explanation for gaps in employment:

QUALIFICATIONS AND SKILLS: Computer (software) programs, Tools, Equipment, Related skills, Certificates (and any other traits that would make you a good employee) etc.

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			

REFERENCE CHECK

Applicant: As a part of our recruiting program, we perform employment reference checks for all applicants.
Please read and sign below. ,, 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 nformation that is obtained during a reference check. <u>References</u> : 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 n 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: (<i>sign</i>) Date:

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	Low	High	1
$\begin{array}{ccc}1&2&3\\ \hline 0&0&0\\ \hline 0&0&0\end{array}$	 4 <u>Nursery Experience</u> Sizing and Sorting Sick Pen Management 	$ \overset{1}{\overset{2}{\overset{2}{\overset{3}{\overset{3}{\overset{3}{\overset{3}{\overset{3}{3$		Miscellaneous Experience Supervising Employees Managing Performance Problems
000	 Treating/Vaccinating Pigs Data Collection 	ğğğ	ğ	Accounts payable/receivable Receptionist/Administrative Assistant
000	Other			Data Entry Training Other
000	Sizing/Sorting Pigs	000	<u> </u>	
	 Treating/Vaccinating Pigs Data Collection 		\cap	Computer Experience Microsoft Word
	O Other	ŏŏŏ	ŏ	Microsoft Excel
		ŎŎŎ	Õ	Google Docs
	Maintenance Experience Thermostat Control		8	Microsoft Outlook Internet Browsers
ÕÕŌ	Ventilation Fans	ŎŎŎ	ŏ	Other
<u>ŏ ŏ ŏ</u>	Welding			
	Carpentry Electric			
	Plumbing			
ăăă	Curtain Management			
ŎŎŎ	Ö Feed Systems			
<u>o o o</u>	Cooling Systems			
	Gas Heating Systems			
	 Pressure Washers Manure Management Systems 			
ăăă	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. 1 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.#

Date:		