Application for Employment

The Meat House is an *equal opportunity employer* and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law.

Position Applied:		Date	Date you ca	n start:
Name:		S	oc. Sec. #:	_
Last	First		JC. OCC. #	
Present Address:				
Street		City	State	Zip
Permanent Address:				
Street		City	State	Zip
Telephone #: Home ()	; Ce	ell ()	; Worl	k ()
Personal Information				
1. Are you 18 years of age or olde	r?			
2. Do you have a valid driver's lice	ense?			
3. Can you travel if the job so requ	ıires?			
4. Are there any hours or days of t	the week you cannot worl	k? If so, wher	n?	
5. Type of employment desired: Fo	ull-time Part-tin	ne		
6. Salary desired:				
7. Are you employed now?				
8. Are you currently on "lay-off" sta	atus and subject to recall'	?		
9. May we contact your present er	nployer?			
Name, title and phone of o	current employer:			
10. Have you ever applied to this (Company before? (Circle	One) Y N		
If so, where?				
Under what name?				
When?				
11. Do you have U.S. Military expe	erience?			
Date Entered:	Branch:	Rank:		
Date Discharged:	Honorably?			
12. Are you lawfully entitled to be	employed in the United S	states?	_	
13. Have you ever been convicted	of a crime other than a r	ninor traffic violation?	NoYes	
If so, please state citation,	, date and place where of	fense occurred:		
14. Emergency Contact:				
Name		reet	City/State	Phone

ION:	Name and Loca	ation of School	No. Yea Atten	ars	Did You Graduate?	Subject/Major
High School						
College						
Specialized Training						
Specialized Training						
NCES: Three in	dividuals not relate	ed to you, whon	n you have I	know	n for at least o	ne year:
NCES: Three in	dividuals not relate	ed to you, whon		know	n for at least o	
	dividuals not relate			know		ip Years
	dividuals not relate			know		ip Years
	dividuals not relate			know		ip Years
Name	dividuals not relate	Address and	Telephone	know		ip Years
Name		Address and S: (Most Recen Address, and	Telephone	Las		Years Acquainted
Name IT AND FORM Date	ER EMPLOYERS Employer Name,	Address and S: (Most Recen Address, and	Telephone t First) Salary Starting/	Las	Relationsh	Years Acquainted Reason for
Name IT AND FORM Date Month/Year	ER EMPLOYERS Employer Name,	Address and S: (Most Recen Address, and	Telephone t First) Salary Starting/	Las	Relationsh	Years Acquainted Reason for

May we con	tact the emplo	yers listed?	Yes	No	
If not, which	one(s)?				

To:

To:

To:

From:

From:

* * *

Read and initial the following statements carefully before signing. In initialing and signing the following you agree that you fully understand.

I understand that, prior to being off examination/pre-employment drug s ability to take the test, I will so accommodation can be made. The regarding the need for accommodation	creening. In the even inform the Compan Company reserves	ent that I have a disab ny prior to the test s	ility that will affect my so that a reasonable
I understand that the position I am ap to lift 50 pounds comfortably.	oplying for requires h	neavy lifting. I certify tha	at am willing and able
I certify that the facts contained in the knowledge and understand that, if application may result in my disqual employment if I have been hired.	employed, falsified lification from consider	statements or omitted	material facts on this
I understand and agree that, if hired regardless of the date of payment cany time, with or without notice. This contrary unless in writing and signed the writing is directed.	of my wages and sa is provision superse	lary, be terminated with des any oral or written	n or without cause, at representation to the
I authorize investigation of all state purpose. I release the listed referent provide you with any and all applicate and former employers from all liability	nces and all employ ble information they	vers, except those spe may have. I hereby rele	cifically excepted,* to ease these references
Signature		Date	_
For Employer Use Only			
Interviewed By:	Date:	Hired: Yes No	
Starting Date:	Position:		