

Quality Beef Co., Inc.

APPLICATION FOR EMPLOYMENT

Programs, services, and employment are available equally to everyone.
We do not discriminate due to race, color, religion, age, sex, marital status,
national origin, or physical or mental disability.

Date ___/___/___

Position Applied for: _____



APPLICANT DATA: (Please print clearly)

How were you referred to us? _____ Driver's license num#: _____

Full Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile/Beeper/Other Phone: _____ E-Mail Address: _____

Date available to start: _____ Social Security #: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one? ___ Yes ___ No

If No, please explain: _____

Have you ever worked for Quality Beef before? ___ Yes ___ No If Yes, when? _____

Are you a citizen of the United States? ___ Yes ___ No If Not, do you have work papers? ___ Yes ___ No

Type of employment desired: ___ Full-Time ___ Part-Time ___ Temporary ___ Season (If Part-Time
What Days & Times: _____)

Have you ever pled "Guilty" or "No Contest" to or been convicted of a crime? ___ Yes ___ No

If Yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation rehabilitation and position applied for will be used in consideration.

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you Graduate? ___ Yes ___ No Degree: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you Graduate? ___ Yes ___ No Degree: _____

Major: _____ GPA: _____

Other School or Training: _____ Address: _____

of Years Completed: _____ Did you Graduate? ___ Yes ___ No Degree: _____

Major: _____ GPA: _____

REFERENCES:

Please furnish the names, addresses, and telephone numbers of at least 2 people to whom you are NOT related (including Quality Beef employees)

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

PREVIOUS EMPLOYMENT (Begin with your most recent position):

1) Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm Name: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

2) Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm Name: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

3) Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm Name: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact these employers for references? ___ Yes ___ No

Account for ALL periods of unemployment since leaving school to the present time

From: ___/___/___ To: ___/___/___ Reason: _____

From: ___/___/___ To: ___/___/___ Reason: _____

From: ___/___/___ To: ___/___/___ Reason: _____

From: ___/___/___ To: ___/___/___ Reason: _____

Emergency Telephone #: (____) _____ Name of Contact: _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matter as may be necessary for an employment decision. I hereby release employers, schools or persons from any liability to inquire in connection with my application.

In the event I am employed, I understand that false or misleading information given on my application or interview(s) may result in discharge

Signature: _____ Date: _____