## Application for Employment

Parreras Meat Go.

Instructions: All applications for employment must be made in ink on this form. You may include additional pages if necessary. ALL ITEMS MUST BE COMPLETED, EVEN IF A RESUME IS ATTACHED Position Applying for: Date of Application: Last Name First Name Middle Name Street Address City State Zip Code Previous Address (if less than one year at above address) Social Security Number Telephone Number - Home Telephone Number - Alternate Are you at least 18 years of age? ☐ Yes ☐ No If not, can you provide documentation necessary to prove eligibility to work? ☐ Yes ■ No In case of Emergency notify: Name Telephone Number Relationship Alternate Telephone Number Hours Available to Work Wednesday Tuesday Thursday Sunday Monday Friday Saturday ☐ Full-Time or ☐ Part-Time employment? Are you seeking Education Name and Location Last Grade Major Minor Degree Received? City and State Completed Subject Subject High School 9, 10, 11, 12 Yes / No College 1, 2, 3, 4 Yes / No Graduate School 1, 2 Yes / No Technical, Business, or Yes / No Other Special skills and other qualifications:

Work History
List most recent employer first. A minimum of 7 years work history, if applicable, including any periods of unemployment and schooling (attach additional pages if necessary).

Company Name				Company Telep	hone Num	ber
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				<b>'</b>		
Street Address			City		State	Zip Code
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Supervisor's Name and 1	Γitle			Position Last H	eld	
Dates of Employment				Compensation:		
From (month/year):		To (month/year):		☐ Salary		/month
Reason for Leaving:			Cyploin	☐ Hourly	\$	/hour
Reason for Leaving.  Resigned	☐ Lay-Off	Discharge	Explain:			
Company Name	Lay-On	■ Discharge		Company Telep	hone Num	her
Company Name				( )	onone Num	Dei
Street Address			City		State	Zip Code
Supervisor's Name and 1	Γitle			Position Last H	eld	
Dates of Employment				Compensation:		
From (month/year):		To (month/year):		☐ Salary		/month
, ,		, ,		☐ Hourly		/hour
Reason for Leaving:			Explain:			
☐ Resigned	☐ Lay-Off	Discharge				
Company Name				Company Telep	hone Num	ber
				( )		
Street Address			City		State	Zip Code
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Supervisor's Name and Title			Position Last H	eld		
Dates of Employment				Compensation:		
From (month/year):		To (month/year):		☐ Salary		/month
, ,		, ,		☐ Hourly		/hour
Reason for Leaving:			Explain:	-		
Resigned	Lay-Off	Discharge				
Company Name				Company Telep	hone Num	ber
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Street Address			City		State	Zip Code
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Supervisor's Name and Title			Position Last H	eld		
Dates of Employment				Compensation:		
From (month/year):		To (month/year):		☐ Salary		/month
				☐ Hourly		/hour
Reason for Leaving:			Explain:			
Resigned	☐ Lay-Off	Discharge				

1.	Have you ever been convicted of a criminal offense	•		
	(Convictions for marijuana-related offenses that are more than two years old need not be listed.)  If yes, state nature of the crime(s), when and where convicted, and disposition of the case.			
	n yee, state natare or the difficely, when and where	convicted, and disposition of the case.		
/NIata Nia		The state of the s		
l '	applicant will be denied employment solely on the grounds of convi			
2.	Have you ever been fired from any job for any reason			
	If yes, please explain.			
3.	For the purpose of checking references and qualification	ations, have you ever worked or attended		
	(-,-	☐ Yes ☐ No		
4.	If yes, please list name(s): How were you referred?			
''	☐ Friend ☐ Relative		_	
	Other:  Many of our customers (clients) do not speak Englis	b De you anade write or understand any foreign		
5.	languages?	sil. Do you speak, write or understand any foreign		
	If yes, which language(s)?			
6.	Are you able to perform the essential functions of th or without reasonable accommodation?	e job for which you are applying, either with  ☐ Yes ☐ No		
	If no, describe the functions that cannot be performed			
	comply with the ADA and consider reasonable accommodation me ssential functions. Hire may be subject to passing a medical examin			
7.	If hired, can you provide evidence of your U.S. citize			
	and work in this country?	□ No		
	,	REFERENCES		
		to you who have knowledge of your work performance.		
Name		Occupation	Number	
			of years	
Addres		Telephone Number	acquainted:	
Name		Occupation	Number	
Ivaille		Cocapation	of years	
			acquainted:	
Addres	5	Telephone Number		
Name		Occupation	Number	
			of years acquainted:	
Addres	5	Telephone Number	aoquaintou.	
	F	REMARKS		

## Please Read Carefully, Initial Each Paragraph and Sign Below

by certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that nswers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have nally completed this application. I understand that any omission or misstatement of material fact on this application or on locument used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am oyed, regardless of the time elapsed before discovery.

by authorize Barreras Meat Co. to thoroughly investigate my references, work record, education and other matters related to itability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, is and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby se the company, my former employers and all other persons, corporations, partnerships and associations from any and all s, demands or liabilities arising out of or in any way related to such investigation or disclosure.

erstand that nothing contained in the application, or conveyed during any interview which may be granted or during my pyment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or ut prior notice, at the option of either myself or the company, and that no promises or representations contrary to the oing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Id a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or anding judgment) be conducted by internal personnel employed by the Barreras Meat Co. I am entitled to copies of any such a records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am ad to a copy of any such records even though I have checked the box below.

	I waive receipt of a copy	of any public record	described in the p	aragraph above
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erstand that I may be required to sign a confidentiality agreement should I become an employee of Barreras Meat Co.

erstand that any offer of employment is contingent upon the satisfactory completion of the verification process in accordance the Immigration Reform and Control Act of 1986 which requires that I provide satisfactory evidence of my identity and legal to work in the U.S.

Applicant's Signature