Application for Employment

Barreras Meat Co. Inc.

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 ☐ No Are you at least 18 years of age? ☐ Yes 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 Thursday Tuesday Sunday Monday Friday Saturday Are you seeking ☐ Full-Time or ☐ Part-Time Education Name and Location Last Grade Major Minor Degree Received? City and State Completed Subject Subject High School Yes / No College Yes / No Graduate School 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 Telephone Number		
Street Address			City		State	Zip Code
Supervisor's Name and	Title			Position Last H	eld	
Dates of Employment				Compensation:		
From (month/year):		To (month/year):		☐ Salary ☐ Hourly	\$	/month /hour
Reason for Leaving:	- · · · · · · · · · · · · · · · · · · ·		Explain:	-		
Resigned	☐ Lay-Off	☐ Discharge		To		
Company Name				Company Telephone Number		
Street Address			City		State	Zip Code
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: Resigned	☐ Lay-Off	☐ Discharge	Explain:			
Company Name				Company Tele	ohone Num	nber
Street Address			City		State	Zip Code
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: Resigned	☐ Lay-Off	☐ Discharge	Explain:			
Company Name	-	<u> </u>		Company Telep	phone Num	nber
Street Address			City		State	Zip Code
Supervisor's Name and	Title			Position Last H	eld	
Dates of Employment		To		Compensation:		,
From (month/year):		To (month/year):		☐ Salary ☐ Hourly		/month /hour
Reason for Leaving:	☐ Lav-Off	☐ Discharge	Explain:			

1.	Have you ever been convicted of a criminal offense (, ,					
	(Convictions for marijuana-related offenses that are more than two y						
	If yes, state nature of the crime(s), when and where of	convicted, and disposition of the case.					
(Note: No	applicant will be denied employment solely on the grounds of convic	tion of a criminal offense. The nature of the offense, the date					
	ense, the surrounding circumstances and the relevance of the offense						
2.	Have you ever been fired from any job for any reason If yes, please explain.	n?	No				
	ii yes, piease explain.						
3.	For the purpose of checking references and qualifica	tions, have you ever worked or attended					
	school under a different name(s)?						
	If yes, please list name(s):						
4.	How were you referred!?						
	☐ Friend ☐ Relative ☐ Other:		-				
5.	Many of our customers (clients) do not speak English	n. Do vou speak, write or understand any foreign	-				
	languages? ☐ Yes ☐ No						
	If yes, which language(s)?						
6.	Are you able to perform the essential functions of the						
1	or without reasonable accommodation?	☐ Yes ☐ No					
	If no, describe the functions that cannot be performed	a:					
(Note: W	e comply with the ADA and consider reasonable accommodation mea	asures that may be necessary for eligible applicants/employees to	1				
	essential functions. Hire may be subject to passing a medical examina						
7.	If hired, can you provide evidence of your U.S. citizer	nship or proof of your legal right to live					
	and work in this country?	☐ No					
	_	DEEEDENOEO					
		REFERENCES					
NI	List below three persons not related t	to you who have knowledge of your work performa					
Name		Occupation	Number of years				
			acquainted:				
Addres	S	Telephone Number	aaqaaaa				
Name		Occupation	Number				
			of years acquainted:				
Addres	S	Telephone Number	acquainteu.				
Name		Occupation	Number				
			of years				
Addres	e	Telephone Number	acquainted:				
Audies	J	Telephone Number					
i							
	P	EMARKS	•				
	K						

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 litability 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.

	waive receipt of a copy of any public record described in the paragraph above	
erstand th	I may be required to sign a confidentiality agreement should I become an employee of Barreras Meat Co.	
	any offer of employment is contingent upon the satisfactory completion of the verification process in accordion Reform and Control Act of 1986 which requires that I provide satisfactory evidence of my identity and lee U.S.	
Dete	Applicantle Circulture	_
Date	Applicant's Signature	