
INSTRUCTIONS TO APPLICANT – READ CAREFULLY BEFORE COMPLETING APPLICATION

- **PLEASE PRINT, AND COMPLETE IN INK ONLY.**
- **YOU MUST FILL OUT THIS APPLICATION FORM COMPLETELY.** Failure to answer any question, or leaving any space blank, or checking more boxes than requested means you are not following directions and will likely result in you not being considered for employment.
- **ANY FALSE OR MISLEADING STATEMENT** on this Application can result in your disqualification from the application process both now and in the future, or discharge from employment with American Foods Group in the event you begin employment.
- **YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR NO MORE THAN 30 DAYS. YOU MAY NOT REAPPLY FOR EMPLOYMENT FOR THIRTY (30) DAYS AFTER THE DATE OF THIS APPLICATION** or as soon thereafter as applications are being accepted.
- **WE WILL REVIEW YOUR APPLICATION**, and based on your qualifications and the current needs of the Company, will decide whether you will be invited for an interview. Please do not contact the Company to check on the status of your Application. **If you are not contacted for an interview while your Application is active, the Company has determined that you will not be interviewed at this time.**
- **American Foods Group is an Equal Employment Opportunity/Affirmative Action Employer.** We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

By completing the attached application form and signing it at the end, you are certifying that all answers and information provided are true and complete to the best of your knowledge. You also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You agree to release and hold harmless from all liability, all persons, companies, and corporations supplying information. You also agree to hold harmless and indemnify this Company against any liability which may result from it undertaking such investigation. Additionally, you authorize the Company to supply your employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

You are advised that the Company participates in E-Verify. As such the Company will provide the Social Security Administration, and if necessary, the Department of Homeland Security with information from each new employee's Form I-9 to confirm work authorization.

You are also advised and you understand that any offer of employment may be conditioned on your successful completion of a post offer assessment by a Health Professional selected by the Company, of your ability to perform the essential functions of the job. In addition, you understand a drug and/or alcohol test, or background check may be required.

KEEP THESE INSTRUCTIONS FOR YOUR RECORDS

American Foods Group, LLC – APPLICATION FOR EMPLOYMENT
General Labor and Production Support

Date of Application _____	Position Applying For: _____ What Department(s)? <input type="checkbox"/> Harvest <input type="checkbox"/> Fabrication (List by preference 1 & 2 if you wish)
How did you learn about this job opportunity: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Advertisement</div> <div style="width: 50%;"><input type="checkbox"/> College Recruit</div> <div style="width: 50%;"><input type="checkbox"/> Walk-In</div> <div style="width: 50%;"><input type="checkbox"/> Relative</div> <div style="width: 50%;">Specify: _____</div> <div style="width: 50%;"><input type="checkbox"/> Company Contacted</div> <div style="width: 50%;"><input type="checkbox"/> Internet</div> <div style="width: 50%;"><input type="checkbox"/> Internal Posting</div> <div style="width: 50%;"><input type="checkbox"/> Employment Agency</div> <div style="width: 50%;"><input type="checkbox"/> Professional Association</div> <div style="width: 50%;"><input type="checkbox"/> Mail</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> <div style="width: 50%;"><input type="checkbox"/> Job Service</div> <div style="width: 50%;"><input type="checkbox"/> Job Fair</div> <div style="width: 50%;"><input type="checkbox"/> Employee Referral:</div> <div style="width: 50%;"><input type="checkbox"/> Friend</div> </div>	

Complete Last Name	First Name	Middle	
Address	City	State	Zip
Telephone Number(s)		Social Security Number	

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY:

1. Are you 18 years of age or older? ☐Yes ☐No
2. Have you applied for employment here before? ☐Yes ☐No If yes, give date(s) _____
3. Have you ever been employed here or at any American Foods Group plant before? ☐Yes ☐No
 If yes, Where? _____ When? _____
4. If you are being referred by a current employee, who is it and where do they work? How do you know him/her?
 Full Name _____; Job Title _____; Dept _____
5. Are you currently employed? ☐Yes ☐No If yes, may we contact your present employer? ☐Yes ☐No
6. If hired, can you provide proof of your legal right to work in the United States? ☐Yes ☐No
7. On what date would you be available to start work? _____
8. Can you work Monday through Saturday on a regular basis if necessary? ☐Yes ☐No
9. Are you willing and able to work daily overtime? ☐Yes ☐No
10. In the past five (5) years, have you worked in a USDA Inspected BEEF slaughter plant? ☐ Yes ☐ No
 If yes, describe the jobs you did (please be specific) _____

Please make sure that your job history on the next page includes complete information on these jobs and your experience.

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Education (Must be completed or you will not be considered for an interview)		
	Name & City & State of School	Additional Information
Grade School		<i>What grade did you complete?</i>
High School		<i>Did you graduate or receive a GED?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Post High School Voc/Tech/College		<i>List course(s) of study and degree(s)</i>

Job History

You must complete all boxes for each job. Five (5) years of work history is required, unless you were in school in the past five years. If you were in school during the past five (5) years, indicate the educational institution in the Employer block and the dates of education in the Dates Employed block. Start with your present or most recent job. Include job-related military service assignments & volunteer activities. You may exclude history which indicates race, color, religion, gender, national origin, disabilities or other protected status. **If you need additional space, please continue on a separate sheet of paper.**

1	Employer		Dates Employed From – To (MM/YY)		List below all Jobs Performed	
	Telephone Number					
	Address					
	Last Job Title		Supervisor			
	Reason for Leaving				Starting	Final
2	Employer		Dates Employed From – To (MM/YY)		List below all Jobs Performed	
	Telephone Number					
	Address					
	Last Job Title		Supervisor			
	Reason for Leaving				Starting	Final
3	Employer		Dates Employed From – To (MM/YY)		List below all Jobs Performed	
	Telephone Number					
	Address					
	Last Job Title		Supervisor			
	Reason for Leaving				Starting	Final

By signing below, I certify that all information provided by me on this Application for Employment is true and complete to the best of my knowledge, and that I have read and I agree to all terms on the *Instructions to Applicant* provided to me with this Application.

Signature of Applicant

Date

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Form 4

INVITATION TO IDENTIFY GENDER & RACE/ETHNICITY

As a government contractor, we comply with government and affirmative action responsibilities. To help us comply with government record keeping, reporting and other legal requirements, we would appreciate your cooperation in filling in the information below. Providing this information is voluntary, and refusal to provide the information will not result in any adverse treatment. This data is for affirmative action and periodic government reporting only and it will be kept confidential.

All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to race, color, religion, sex, national origin, age or other protected basis and all employment decisions are based solely on valid job requirements.

GENDER: Check One

☐ Male

☐ Female

RACE/ETHNICITY: Check Only One

☐ Hispanic (of any race)

☐ White (not Hispanic)

☐ Black or African American (not Hispanic)

☐ Asian (not Hispanic)

☐ Native Hawaiian or Other Pacific Islander (not Hispanic)

☐ American Indian or Alaskan Native (not Hispanic)

☐ Two or More Races

Name (Print): _____

Last Name

First Name

Middle Name

Signature: _____

Date: _____

American Foods Group, LLC – APPLICATION FOR EMPLOYMENT
General Labor and Production Support

INVITATION TO SELF-IDENTIFY PROTECTED VETERAN STATUS

Gibbon Packing, LLC, an American Foods Group, LLC company, is a Federal Government contractor subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("Section 4212"), which prohibits discrimination against, and requires Federal Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans (collectively, "protected veterans"). In addition, we are required annually to report to the Federal Government on the number of veterans we hire and employ who fall into one or more of the above Section 4212 veteran categories.

The following invitation to self-identify protected veteran status is made pursuant to Section 4212. Disclosure of this information is completely voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be kept confidential and used only in ways that are consistent with Section 4212.

Please read the following definitions carefully and then indicate whether you believe any of the categories apply to you. Note: You do not have to indicate the specific category or categories that apply.

Disabled Veteran: (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Active Duty Wartime or Campaign Badge Veteran: a veteran who served in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of War" is defined for these purposes by the Department of Labor as:

June 27, 1950 – January 31, 1955 (Korean Conflict);

February 28, 1961 – May 7, 1974 (for veterans serving the Republic of Vietnam);

August 5, 1964 – May 7, 1975 (for all other veterans who served during the Vietnam conflict); and

August 2, 1990 – present (Gulf War).

If you would like more information on campaigns or expeditions for which a campaign badge has been authorized, please visit:

<http://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.

- ☐ Yes, I believe one or more of the above categories apply to me.
- ☐ No, I do not believe one or more of the above categories apply to me.
- ☐ I prefer not to answer.

In addition to our obligation under Section 4212, our company values all forms of military service. If you do not meet the criteria of one or more of the Section 4212 veteran categories described above, but would otherwise like to disclose your status as a member of the U.S. Armed Forces, you may do so below. Providing this information is completely voluntary.

- ☐ I am either currently serving, or have served, in the Armed Forces of the United States of America (including the Reserves and the National Guard).

Name (Print):

Last Name

First Name

Middle Name

Signature: _____

Date: _____