

American Foods Group, LLC – STANDARD REQUISITION PROCESS - FORM 5
APPLICATION FOR EMPLOYMENT

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, 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, LLC in the event of discovery after your employment begins.
- **YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR NO MORE THAN 30 DAYS. YOU MAY NOT REAPPLY FOR EMPLOYMENT FOR SIXTY (60) DAYS AFTER THE DATE OF THIS APPLICATION** or as soon thereafter as applications are being accepted.
- **AFG 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. 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.
- **AFG 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 this 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 such information. You also agree to indemnify this Company against any liability which might result from making 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, that has an interest 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 an assessment by a Health Professional selected by the Company, of your ability to perform the essential functions of the job with or without reasonable accommodation. In addition, you understand a drug and/or alcohol test, or background check may be required.

Date of Application:	Position Applying For:		
How did you learn about this job opportunity:			
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Advertisement Specify: _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Job Service <input type="checkbox"/> Friend</div><div style="width: 50%;"><input type="checkbox"/> College Recruit <input type="checkbox"/> Company Contacted <input type="checkbox"/> Professional Association <input type="checkbox"/> Job Fair</div><div style="width: 50%;"><input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Employee Referral: _____</div><div style="width: 50%;"><input type="checkbox"/> Relative <input type="checkbox"/> Internal Posting <input type="checkbox"/> Other: _____</div></div>			
Full Last Name		First Name	Middle
Address		City	State Zip
Telephone Number(s)		Social Security Number	

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Education (Must be completed or you will not be considered for an interview)

	Name & City & State of School	Course of Study	Years Completed	Diploma or Degree
Grade School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Employment Experience

You must complete all boxes for each job. A minimum of 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 education institution in the Employer block and the dates of education in the Dates Employed block. Start with your present or most recent job. Include any job-related military service assignments & volunteer activities. You may exclude organizations which indicate 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		List below all Jobs Performed
	Address		From	To	
	Telephone Number				
	Last Job Title	Supervisor	Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	
2	Employer		Dates Employed		List below all Jobs Performed
	Address		From	To	
	Telephone Number				
	Last Job Title	Supervisor	Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	
3	Employer		Dates Employed		List below all Jobs Performed
	Address		From	To	
	Telephone Number				
	Last Job Title	Supervisor	Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	

By signing below, I certify that all of the 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 the terms listed on the first page.

Signature of Applicant

Date



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: _____



FORM 4

INVITATION TO SELF-IDENTIFY PROTECTED VETERAN STATUS

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: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.