

Long Prairie Packing Company, LLC

NOTICE TO APPLICANTS

Immigration Law

Under the Immigration Reform and Control Act of 1986, American Foods Group, LLC is required to verify your identity and your right to employment by this country. It is our policy to comply with this law which is being enforced by the Immigration and Naturalization Service (INS). The following original documents are acceptable to establish identity and right to employment: (Documents must be unexpired)

- United States' passport or U.S. Passport card,
- Permanent Resident Card or Alien Registration Receipt Card, (Form I-551)
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa,
- Employment Authorization Document that contains a photograph (Form I-766),
- In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
- Passport from the Federated States of Micronesia (FSM) or the Republic of Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.

The following documents are acceptable to establish identity.

- a state issued driver's license or identification card containing a photograph
- school identification card with a photograph,
- voter's registration card with a photograph,
- United States military card or draft record with a photograph,
- identification card issued by federal, state or local government agencies or entities with a photograph,
- military dependent's identification card with a photograph,
- U.S. Coast Guard Merchant Mariner Card,
- Native American tribal documents with a photograph,
- driver's license issued by a Canadian government authority with a photograph.

The following are acceptable documents to establish employment authorization only:

- Social Security Account Number card (other than a card stating it is not valid for employment),
- Certification of Birth Abroad issued by the Department of State, Form FS-545
- Certification of Birth Abroad issued by the Department of State, Form DS-1350,
- An original or certified copy of a birth certificate issued by a state, county or municipal authority or territory of the United States bearing a seal,
- An employment authorization document issued by the DHS,
- Native American tribal document,
- United States Citizen Identification Card, INS Form I-197,
- Identification card for use of resident citizen in the United States, INS Form I-179.

REMEMBER ALL DOCUMENTS MUST BE GENUINE ORIGINALS AND RELATE TO YOU.

IF AN APPLICANT FAILS TO PROVIDE THE DOCUMENTS NEEDED TO COMPLY WITH THE IMMIGRATION LAW WITHIN THE TIME ALLOWED, THE COMPANY WILL CONSIDER THAT FAILURE TO BE A REFUSAL OF THE JOB OFFER.

You will not be asked to provide more documentation than is needed to verify your identity and right to employment in this country. If at any time any manager should do so or otherwise vary from the procedures communicated to you, immediately contact the human resource department. No action will be taken against any employee who accurately reports such activity.

While we realize these requirements may impose a burden upon you, it is the law and it is necessary for all of us to comply with it.

In addition to providing this documentation, you will also be required to complete under penalty of perjury a statement that the documents you present are genuine and relate to you. You should be aware that a false statement made on this form is a felony and may subject you to criminal fines and imprisonment. If at any time you have any questions concerning these procedures, please contact the human resource department.

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 SIXTY (60) 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 hereby advised and you acknowledge that, unless deemed otherwise by applicable law, any employment relationship you may have with this Company in the future is "at will" in nature, which means that you the Employee may resign at any time and the Employer may discharge you the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this Company.

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 |
| | _____ Production (General Labor) What Department(s)? _____ Harvest _____ Fabrication <i>(List by preference 1 & 2 if you wish)</i> |
| | _____ Production Support Circle One: (Maintenance, QA, Other _____) |

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

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY:

- Are you 18 years of age or older? ☐Yes ☐No
- Have you applied for employment here before? ☐Yes ☐No If yes, give date(s) _____
- Have you ever been employed here or at any American Foods Group plant before? ☐Yes ☐No
If yes, Where? _____ When? _____
- If you are being referred by a current employee, who is it and where do they work?
Full Name _____; Job Title _____; Dept _____
How do you know him/her? OR If not referred, where did you hear about us? _____
- Are you currently employed? ☐Yes ☐No If yes, may we contact your present employer? ☐Yes ☐No
- If hired, can you provide proof of your legal right to work in the United States? ☐Yes ☐No
- On what date would you be available to start work? _____
- Can you work Monday through Saturday on a regular basis if necessary? ☐Yes ☐No
- Are you willing and able to work daily overtime? ☐Yes ☐No
- 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.

- What job(s) do you want to do here? _____

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

| 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



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

Long Prairie Packing Company, 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: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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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.¹ 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 1/31/2020
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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.