

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.

American Foods Group, LLC – APPLICATION FOR EMPLOYMENT

Date of Application:	POSITION APPLYING FOR (CHECK ONE):	OFFICE USE ONLY
	<input type="checkbox"/> General Labor <input type="checkbox"/> Maintenance <input type="checkbox"/> Electrician <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Other	ULTI _____ AT _____ FDAT _____ <input type="checkbox"/> Entered in Appl Tracker

How did you learn about this job opportunity:

<input type="checkbox"/> Advertisement Specify: _____	<input type="checkbox"/> College Recruit	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Company Contacted	<input type="checkbox"/> Internet	<input type="checkbox"/> Internal Posting
<input type="checkbox"/> Job Service	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Mail	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Employee Referral:	

Full 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 worked at Green Bay Dressed Beef or any other American Foods Group facility before? ☐ Yes ☐ No
 If yes, Where? _____ When? _____
 (Only applicants who worked at this location are considered re-hires)
- If you are being referred by a current employee, who is it and where do they work?
 Full Name _____ Job Title _____ Dept _____
- If hired, can you provide proof of your legal right to work in the United States? ☐ Yes ☐ No
- Can you work Monday through Saturday and occasional Sundays if necessary? ☐ Yes ☐ No
- What shifts are you willing to work ☐ 1st (a.m.) ☐ 2nd (p.m.) ☐ ANY Shift
- Are you willing and able to work daily overtime? ☐ Yes ☐ No

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

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ Check here if any of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; or
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ►

Date

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information	Was offered job	Was hired	Started job
_____	_____	_____	_____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ►**Title****Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



AMERICAN
FOODS GROUP

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: _____

INVITATION TO SELF-IDENTIFY PROTECTED VETERAN STATUS

[Fill in name of operating company (e.g., Cimpl's, 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 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.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 _____

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.