

Minnesota Pork, Inc.
11347 518th Avenue • P.O. Box 279
Amboy, MN 56010
Phone (507) 674-3920 • Fax (507) 674-3919

Employment Application

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

Print clearly and complete ALL information requested.

Name _____
First Middle Initial Last

Present Address _____
Street Number City State Zip

Permanent Address _____
(if different) Street Number City State Zip

Home Phone _____ Message Phone _____ SSN _____
Include Area Code Include Area Code

Email Address _____

If you are hired, can you furnish proof that you are over 18 years of age? yes no

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? yes no

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? yes no

If yes, give the date(s) and details _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? yes no

If yes, give the date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged in answering this question.)

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? yes no

Position Desired _____ Date you can start _____ Salary Desired _____

Which do you prefer? full-time part-time during the following days and hours _____

Are you employed now? yes no If so, may we contact your current employer? yes no

Have you ever applied to or worked for this Company before? yes no

If yes, please specify dates _____



Education	Name of School	City and State	# of Years Completed	Did you Graduate?	Degree(s) Earned
High School					
College					
Graduate					

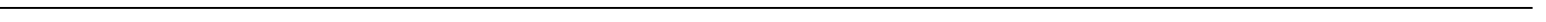
Have you served in the United States Armed Forces? yes no Branch _____ Final Rank _____

Additional training, skill, experience, and special achievements relevant to position: _____

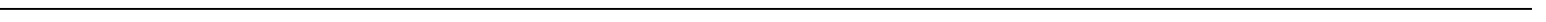


Have you ever been terminated or asked to resign from any job? yes no

If yes, please explain the circumstances _____



Please explain fully any gaps in your employment history _____



How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

0 - 10 Days 10 - 30 Days 30+ Days

Do you have adequate transportation to and from work? yes no

Do you have any friends or relatives who work for the Company? yes no

If yes, who? _____

List present and past employers beginning with the most recent. Attach additional sheets as needed.

Month/ Year	Name & Address of Employer	Initial Position and Duties	Previous Supervisor	Starting Pay	Reason for Leaving
		Final Position and Duties	Telephone Number	Ending Pay	
From					
To					
From					
To					
From					
To					

List three personal references who know you well but who are not previous employers or relatives.

Name	Address	Phone Number

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

X

SIGNATURE OF APPLICANT

DATE

Background Check Authorization

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.

Print Full Legal Name _____ Male Female

Print Other Names You Have Used _____

Drivers License No. _____ Issuing State _____ SSN _____ - _____ - _____

Birthdate (MM/DD/YY) ____ / ____ / ____ Place of Birth (City and State) _____

Current Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

I authorize the Company and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including: credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release the Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

This Background Check Authorization is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF APPLICANT

DATE