



APPLICATION FOR EMPLOYMENT
CRYSTAL LAKE LLC

Today's Date:

An Equal Opportunity Employer: We do not discriminate on the basis of race, religion, national origin, color, sex, or age. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

Please complete this application in its entirety.

Form with fields for last name, first name, m.i., social security number, phone number, present address (City, State, Zip), and previous address (City, State, Zip).

Applying For: Plant Processing [ ] Preference \_\_\_\_\_

Would Work: [ ] Full-time [ ] Part-time\* [ ] Summer [ ] Other/Temporary
\* If Part-time, specify hours and days: \_\_\_\_\_
[ ] Day-Shift [ ] Night-Shift [ ] Either

Do you have exposure to any type of poultry/pet birds at your place of residence? [ ] yes [ ] no

IF employed and under 18, can you furnish a work permit? [ ] yes [ ] no

IF your application is favorable for hiring, on what date will you be available for work? \_\_\_\_\_

Are you presently employed? [ ] yes [ ] no
If yes, may we contact you employer? [ ] yes [ ] no

Were you ever employed by Crystal Lake? [ ] yes [ ] no
If yes, what department did you work and when?

Do you have reliable transportation to work? [ ] yes [ ] no

Do you have any objections to overtime? [ ] yes [ ] no
If yes, please give details \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

\_\_\_\_\_  
(Last Name) (First Name) (Relationship)

\_\_\_\_\_  
(Address) (Phone Number)

**FORMER EMPLOYERS: (List below your last four employers, starting with the most recent)**

✓ We will contact your employer, unless you check the far left box.

	Date	Name & Address of Employer	Starting Wage	Position	Reason for Leaving	Wage at the time of Leaving
<input type="checkbox"/>	from:					
	to:					
<input type="checkbox"/>	from:					
	to:					
<input type="checkbox"/>	from:					
	to:					
<input type="checkbox"/>	from:					
	to:					

**REFERENCES: (give names of three persons not related to you or former employers, whom you have known at least one year.)**

	Name	Address (City) & Phone	Business	Years Acquainted
1				
2				
3				

**EDUCATION: Circle the last year completed.**

Jr Hi / High School:    6    7    8    9    10    11    12

College:                1    2    3    4

Describe any other training or education: \_\_\_\_\_

Were you in the armed forces?     yes     no

If yes, Branch \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?     yes     no

**(Proof of citizenship or immigration status will be required upon employment)**

*"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references listed above to give you any or all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."*

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

For office use only:

Interview  yes     no

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Opportunity to Self-Identify

Creighton Brothers LLC and Crystal Lake LLC is committed to equal employment opportunity nondiscrimination and affirmative action. As affirmative action/equal opportunity employers, Creighton Brothers LLC and Crystal Lake LLC is required by Executive Order 11246, as amended, and other applicable laws, to request the following information from applicants. The information is kept confidential and will be used to complete required governmental reports in a summarized manner. This data will not identify any specific individual. Providing this information is voluntary and refusing to provide it will not subject you to any adverse treatment. This form also serves as a method for veteran self-identification for affirmative action purposes.

Please print neatly in ink. Submit the form with your employment application.

### Applicant Information

Name: \_\_\_\_\_ Gender: Male Female  
Last First Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Race/Ethnicity

(select one)

- White, Non Hispanic** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American** A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino** A person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Two or more races** All persons who identify with more than one of the above five races.

### Veteran Status

(Voluntarily self-identify as a veteran for reporting purposes and AAP)

- Vietnam-era Veteran**
- Campaign Badge Holder**
- Recently Separated Veteran** Date discharged: \_\_\_\_\_