

Application DATE _____

Application for Employment



An Equal Opportunity Employer: We do not discriminate based on 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.

NAME		Social Security Number
Present Address – City, ST, Zip		How long?
Primary PHONE <input type="checkbox"/> cell <input type="checkbox"/> other	Secondary PHONE <input type="checkbox"/> cell <input type="checkbox"/> other	EMAIL Address
Emergency Contact Name:	Relationship:	Phone:

Area of interest: <input type="checkbox"/> ANY <input type="checkbox"/> General processing <input type="checkbox"/> Cooler/Freezer Dock <input type="checkbox"/> Quantity Assurance Lab <input type="checkbox"/> Pasteurizing <input type="checkbox"/> Night Crew Sanitation	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER/other AVAILABLE START DATE:
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Are you presently employed: yes no

If you are hired and under 18, can you provide a work permit yes no

Do you have any poultry/pet birds in your home? yes no **OR**, anywhere you frequently visit yes no

Do you drive? yes no IF no, do you have reliable transportation yes no

Do you have any objection to overtime yes no
If yes, please explain

Have you previously worked for Creighton Brothers or Crystal Lake? yes no
If yes, which department/supervisor

Education: circle the last year completed:

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

College: 1 2 3 4 Type of degree completed _____

Describe any special training, trade, or certification

Are you a veteran? yes no If yes, what branch _____ Rank at discharge _____

Are you legally eligible for U.S. employment? yes no

If yes, proof of citizenship or immigration status will be required upon employment for E-Verify.

Current/Former Employment Information – List below starting with current or more recent employer.

► We will contact employer unless you have responded 'no' in the box below.

Employer Name/Address		Position/Duties/Skills		Date Employed	
				from	to
				Reason for leaving	
Supervisor		Phone		Contact Yes / No	
Employer Name/Address		Position/Duties/Skills		Date Employed	
				from	to
				Reason for leaving	
Supervisor		Phone		Contact Yes / No	
Employer Name/Address		Position/Duties/Skills		Date Employed	
				from	to
				Reason for leaving	
Supervisor		Phone		Contact Yes / No	

References: List two personal references – no relatives.

Name	Phone	Occupation	Years Known

"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 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."

Signature of Applicant _____ Date _____

Office use only:

HR contact w/ applicant yes no _____

Interview: DATE _____ TIME _____ MGR _____ SHOW NO SHOW Reschedule yes no

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: _____