

Employment Application



Position Applying For: _____ Date of Application: _____

Referred By: _____

Carnivore Meat Company is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, veteran status or sexual orientation.

PERSONAL INFORMATION (*Required)

Last Name*	First Name*	Middle Name	
Permanent Address	City	State	Zip
Phone*	Email*	Are you at least 18 yrs. old? <input type="radio"/> Yes <input type="radio"/> No	
Primary Language	Secondary Language you speak or write _____ Circle the appropriate level: <input type="radio"/> Very Little <input type="radio"/> Basic <input type="radio"/> Advanced		
Are you legally eligible for employment in the United States? <small>(If offered employment, you will be required to provide documentation to verify eligibility)</small>		YES <input type="radio"/>	NO <input type="radio"/>
Do you have a valid driver's license?		YES <input type="radio"/>	NO <input type="radio"/>
If no, will you have reliable transportation to work?		YES <input type="radio"/>	NO <input type="radio"/>
Have you applied or worked at Carnivore in the past? If yes, list approx. dates:		YES <input type="radio"/>	NO <input type="radio"/>

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

NAME	CITY	STATE	GRADUATED?
High School:			
College:			
Vocational:			
Other:			

EMPLOYMENT DESIRED

Desired Start Date: _____ Desired Employment: Part-Time Full-Time

Preferred Shift: 1st 2nd Weekend Any (you would be willing to work any open shift)

EMPLOYMENT HISTORY

List last or current employer first, including US Military Service

Employer	Address	Start Date	End Date
Supervisor's Name	Phone	# hours per week: <input type="radio"/> PT <input type="radio"/> FT	

Position/Department: _____

Reason for Leaving: _____

Position:

Department:

Supervisor:

Assigned Hours:

Shift:

Wage:

Start Date:

Employer	Address	Start Date	End Date
Supervisor's Name	Phone	# hours per week: <input type="radio"/> PT <input type="radio"/> FT	
Position/Department:			
Reason for Leaving:			
Employer	Address	Start Date	End Date
Supervisor's Name	Phone	# hours per week: <input type="radio"/> PT <input type="radio"/> FT	
Position/Department:			
Reason for Leaving:			
Relevant Certifications:			
Please explain any gaps in employment:			
REFERENCES: Persons NOT related to you			
First and Last Name	Years Known:		
Phone or email address	circle one: Personal/Professional		
First and Last Name	Years Known:		
Phone or email address	circle one: Personal/Professional		
First and Last Name	Years Known:		
Phone or email address	circle one: Personal/Professional		
APPLICANT'S CERTIFICATION AND AGREEMENT			
Initials	I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I authorize the references and employers listed herein to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.		
	If offered a job that requires it, I give permission for a pre-employment drug test and I consent to the release to the Company of any drug test results.		
	I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.		
	I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules, and regulations of employment for the Company. I further understand that any employment offer is for an indefinite duration and 'at will', and that either the employer or I may terminate my employment at any time with or without notice or cause.		
	This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.		
Signature of Applicant		Date	
FOR OFFICE USE ONLY		Hire Recommended?	
1st Interview:	YES <input type="radio"/>	NO <input type="radio"/>	
2nd Interview:	YES <input type="radio"/>	NO <input type="radio"/>	