

Oskaloosa Food Products Corp. (OFPC)

Application for Employment

To Applicant: We deeply appreciate your interest in our company. Thank you for taking the time to complete this application. Please fill it out as completely as possible.

Notice to all applicants: Drug Testing May Be Required. Please refer to Required Labor Laws postings in the applicant area for Equal Employment Opportunity Statements, etc. Oskaloosa Food Products Corp. participates in the E-Verify Program.

An additional survey must be completed on site at 543 9th Ave East, Oskaloosa, IA, (see bottom of page) to finish the application process and to then be considered for any openings in the next 60 days after date of this application. This application may be returned to the Iowa Workforce Office or brought to our office between 2 PM and 4 PM, Tuesday through Thursday. -----

Email address: _____ **Work Hours Preference:** (Circle one) Part-time Full-time

GENERAL APPLICATION INFORMATION

Name: _____
Last First MI

Date of Application: _____ Position(s) Applying for: _____

How did you find out about OFPC? _____ Shift Preference: (circule la respueta)(Please circle) 1st 2nd 3rd

Oskaloosa Foods has workers on all 3 shifts - Shift(s) Willing to Work: (circule la respueta)(Please circle) 1st 2nd 3rd

If your application is considered favorably, on what date will you be available for work? _____

Were you previously employed by us? (Circle one)(circule la respueta) Yes No If yes, when? _____

PERSONAL INFORMATION

Home Address: _____
Street Address City State Zip Code

Telephone No.: () - _____ Do you smoke? (Circle one) (circule la respueta) Yes No

Have you been convicted of a major crime (felony) in the past seven (7) years? (Circle one) (circule la respueta) Yes No
(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, what was the date of conviction? _____ Briefly describe the nature of the offense: _____
(A conviction record will not necessarily bar employment)

Have you been known by another name? If so, what name? _____

If your primary language is *other than English*, please answer these four questions (for job-related reasons):

1. At what level do you understand spoken or written English? (Circle one) Low Medium High

2. At what level do you speak English? (Circle one) Low Medium High

3. Are you currently enrolled in English as a Second Language Classes? (Circle one) Yes No

4. Have you previously completed any courses in English as a Second Language Classes? (Circle one) Yes No

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ELIGIBILITY & SKILLS INFORMATION

Are you legally eligible for employment in the U.S.A.? (Circle one) Yes No If hired, you will be required to submit proof of your eligibility to work in the U.S.A. This company utilizes the E-Verify system administered by the Dept. of Homeland Security of the U.S. government.

Are you over the age of eighteen? (Circle one) Yes No If no, hire is subject to verification that you are of minimum legal age.

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? (Circle one) Yes No

Are you a current member or do you have any plans to become a member of any animal welfare organizations? Yes No

Do you have dependable, legal transportation to get to work? Yes No (Circle one) (Circle one)

What skills or training do you have that would qualify you for the position applied for? _____

RECORD OF EDUCATION (PLEASE INDICATE LAST COMPLETED IN EACH LEVEL)

ELEMENTARY: Name: _____ Address: _____
Last Year Completed: (Circle one) 1 2 3 4 5 6 7 8 Did you graduate? (Circle one) Yes No

HIGH SCHOOL: Name: _____ Address: _____
Last Year Completed: (Circle one) 9 10 11 12 Did you graduate? (Circle one) Yes No Degree: _____
Course of Study: _____

COLLEGE: Name: _____ Address: _____
Last Year Completed: (Circle one) 1 2 3 4 Did you graduate? (Circle one) Yes No Degree: _____
Course of Study: _____

OTHER: Name: _____ Address: _____
Course of Study: _____ Did you graduate? (Circle one) Yes No Degree: _____

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

#1: Name: _____ Address: _____
Telephone No.: () - Current Occupation: _____

#2: Name: _____ Address: _____
Telephone No.: () - Current Occupation: _____

#3: Name: _____ Address: _____
Telephone No.: () - Current Occupation: _____

Did a former or present employee of OFPC refer you to our company? (Circle one) Yes No If so, whom? _____

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Page 3 of 3

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent. For the purposes of employment verification, if you were employed under a different name, indicate company and the name you were employed under. If you do not wish us to contact any one of these employers, please indicate it by putting an X through the number to the left of the company name.

#1: Company: _____ Address: _____
Street Address City ST Zip Code
Telephone No.: (_____) - _____ Position/Job Title: _____
Name & Title of Supervisor: _____ Dates of Employment: From _____ To _____
Base Rate of Pay: \$ _____ per _____ Reason for Leaving: _____
Briefly describe the work you did: _____

#2: Company: _____ Address: _____
Street Address City ST Zip Code
Telephone No.: (_____) - _____ Position/Job Title: _____
Name & Title of Supervisor: _____ Dates of Employment: From _____ To _____
Base Rate of Pay: \$ _____ per _____ Reason for Leaving: _____
Briefly describe the work you did: _____

#3: Company: _____ Address: _____
Street Address City ST Zip Code
Telephone No.: (_____) - _____ Position/Job Title: _____
Name & Title of Supervisor: _____ Dates of Employment: From _____ To _____
Base Rate of Pay: \$ _____ per _____ Reason for Leaving: _____

PLEASE READ THE FOLLOWING, COMPLETE AND SIGN THE BOTTOM

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize the company to make any investigation of my background deemed necessary.

I, the undersigned, hereby grant permission to disclose and/or deliver to applicable officials of Oskaloosa Food Products Corp., Oskaloosa, IA, any and all information contained in my record and release all parties from all liability for any damage that may result from furnishing such information. Such information disclosed or delivered may include my complete case history, as shown by my school, employment, and/or institution records, or any other information relating to my application for employment with Oskaloosa Food Products Corp., Oskaloosa, IA.

I, the undersigned, also grant permission to disclose and/or deliver any and all information concerning any prior criminal record I may have of any type or sort, as well as any record which may exist concerning my involvement with drugs or alcohol.

I understand that this job may involve an exposure to egg proteins, and/or cleaning solutions necessary for sanitation purposes in an egg/food processing facility. (If you have any previous history of asthma, allergies, or breathing disorder you may want to check with you physician before proceeding with your application).

In consideration for my employment, I agree to conform to the rules and regulations of the company and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the employer or myself. I understand that no supervisor or other representative of the Company other than the president has any authority to enter into any agreement for any specified period of time, or make any agreement contrary to the foregoing.

Home Address: _____
Street Address City State Zip Code
Telephone No.: (_____) - _____ Social Security No.: _____ Date of Birth (Optional) _____
Name (please print): _____ Signature: _____ Date: _____

09/09/2013 **The survey is available at our office Tues. through Thurs. between 2 and 4 PM or by appt.**