



APPLICATION FOR EMPLOYMENT



PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO	REFERRED BY		
HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> BILLBOARD <input type="checkbox"/> FAMILY/FRIEND <input type="checkbox"/> JOB FAIR <input type="checkbox"/> SIGN OUT FRONT <input type="checkbox"/> OTHER: _____			
DO YOU HAVE RELATIVES OR FRIENDS WHO WORK FOR THIS COMPANY?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHO AND WHERE DO THEY WORK?

EMPLOYMENT DESIRED

SHIFT PREFERENCE <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND	DATE YOU CAN START	SALARY DESIRED
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO	(PROOF OF IDENTITY AND ELIGIBILITY WILL BE REQUIRED FOR EMPLOYMENT)	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE & WHEN?	* ANSWERING YES DOES NOT EXCLUDE YOUR APPLICATION FROM CONSIDERATION.

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECTS STUDIED
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, ON THE JOB TRAINING, OR SPECIAL TRAINING / CERTIFICATES FROM PREVIOUS EMPLOYMENT	
US MILITARY OR NAVAL SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				



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**REFERENCES** (GIVE NAMES OF 3 PERSONS WHOM YOU ARE NOT RELATED)

NAME	BUSINESS	PHONE NO	YEARS KNOWN

AUTHORIZATION TO RELEASE INFORMATION

- "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 authorized Pine Manor / Miller Poultry to contact the previous employers I listed on my job application to verify my employment with that company. I understand the information received by Pine Manor / Miller Poultry is private and will only be used for possible employment within the company. I understand this information will not be available for public inspection.
- I, the undersigned, authorize the release of any information concerning my employment records to be released to Pine Manor / Miller Poultry. This information is to be used for the possible employment with Pine Manor / Miller Poultry and will not be released for public inspection. I hereby release such person, agency, partnership or corporation from liability which may be incurred in releasing this information to Pine Manor / Miller Poultry including liability under any Federal Law.
- 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 _____ DATE _____

WITNESS FROM MILLER POULTRY _____ DATE _____



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INDUSTRIAL Essential Functions Form

As part of the hiring process, actual job placement is contingent upon your ability to perform the essential functions of the open position. This form is only one part of the qualification process. Individuals are placed on assignments contingent upon: (not an all inclusive list)

Additional Orientations and Interviews Reference and Background Checks
Drug/Alcohol Screen Results Qualifications
Experience Skills

And your ability to perform the Essential Functions of the job.

Depending on the position being offered, an examination by a company-designated physician may also be necessary.

This information will be used to determine appropriate job placement. It will not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

Please read the Job Descriptions and answer the following:

These questions pertain to the essential functions of job duties here at Miller Poultry, Orland, Indiana.

Can you perform these functions or tasks?

	Yes	No
1. Stand on cement floors for eight or more hours during a shift, if required.	<input type="checkbox"/>	<input type="checkbox"/>
2. Able to work overtime.	<input type="checkbox"/>	<input type="checkbox"/>
3. Report to work promptly and regularly as scheduled.	<input type="checkbox"/>	<input type="checkbox"/>
4. Work in a non-climate controlled area.	<input type="checkbox"/>	<input type="checkbox"/>
5. Work at a steady pace doing repetitive tasks with arms/hands and rotate work stations as directed.	<input type="checkbox"/>	<input type="checkbox"/>
6. Able to grip, grasp, twist using fingers, hands and wrists regularly during your shift.	<input type="checkbox"/>	<input type="checkbox"/>
7. Regularly or routinely bend, stoop, stretch, reach or squat to lift boxes, supplies, or parts.	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear all assigned safety equipment – hard hats, safety glasses, ear plugs, boots, etc.	<input type="checkbox"/>	<input type="checkbox"/>
9. Read and follow written communication and understand hazardous and safety information.	<input type="checkbox"/>	<input type="checkbox"/>
10. Work around dust and wear a dust mask/respirator, if required.	<input type="checkbox"/>	<input type="checkbox"/>
11. Complete Lockout/Tagout training, if required.	<input type="checkbox"/>	<input type="checkbox"/>
12. Complete Hazmat Training, if required.	<input type="checkbox"/>	<input type="checkbox"/>
13. Lift and/or carry regularly during your shift (frequency and weight will depend on the position).	<input type="checkbox"/>	<input type="checkbox"/>
14. Pull and push regularly during your shift (frequency and weight will depend on the position).	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Signature: _____ **Date:** _____

Miller Poultry Signature: _____ **Date:** _____



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DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT TO	SALARY WAGES

Office Use Only <input type="checkbox"/> V
ADP Date: _____ <input type="checkbox"/> I

SIGNATURE OF MANAGER AND/OR SUPERVISOR REVIEWED	NEED THIS PERSON SKILLS FOR DEPT		COMMENTS
	YES	NO	

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER