



Employment Application

FM Meat Products Limited Partnership (formerly Adena Meat Products) is an Equal Opportunity Employer committed to a drug-free workplace and does not discriminate in hiring or employment on the basis of race, religion, color, national origin, sex, age, qualified disability or any other grounds prohibited by law. No question on this application is intended to secure information to be used for such discrimination. You may attach a resume; however, **ALL SPACES MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.**

Position(s) Applied For _____ Date of Application ____/____/____

Name _____ E-mail address _____
Last First Middle

Address _____
Street City State Zip

Home Telephone _____ Cell Phone _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you available to work any day, all shifts? (including weekends & holidays) Yes No

If not, please explain _____

Date available for work ____/____/____ Pay Desired \$ _____

Are you related to anyone in our company? Yes No If yes, please state name & department _____

Other special training, languages or skills _____

EDUCATION					
	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Schooling:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	
Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", in what Branch?
Describe any training received relevant to the position for which you are applying _____ _____ _____	

EMPLOYMENT

Please give accurate, complete full-time & part-time employment record. Start with your present/ most recent employer. YOU MUST COMPLETE THIS SECTION – RESUMES CANNOT BE ATTACHED IN LIEU OF COMPLETING THIS SECTION

From	To	Employer	Telephone #
Job Title		Address	
Supervisor Name		Describe Your Work	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving			
From	To	Employer	Telephone #
Job Title		Address	
Supervisor Name		Describe Your Work	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving			
From	To	Employer	Telephone #
Job Title		Address	
Supervisor Name		Describe Your Work	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for leaving			

Have you ever been convicted of a criminal offense (a felony or misdemeanor)? Yes No
 Conviction of a crime will not automatically result in a denial of employment. If yes, please describe the offense, when and where convicted, and disposition of the case. (Attach an extra sheet if necessary)

PLEASE READ & UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION: The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

In making this application for employment, it is understood that background inquiries may be requested that seek information as to my character, experiences and abilities, and reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, and previous employment, educational background and other past experiences. By signing this application I am attesting to the accuracy of the information contained therein and your consent to an investigation, if applicable. This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

SIGNATURE OF APPLICANT: _____ **DATE:** _____
 Typing your name is acceptable on the signature line