

APPLICATION FOR EMPLOYMENT

This application is active for 3 months from the date completed.

An Equal Opportunity Employer

APPLICATION INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form or Human Resources and every effort will be made to accommodate your needs in a reasonable amount of time.

- 1. Please read all statements contained in this form.
- 2. You must answer all questions on the application, incomplete applications will not be processed.
- 3. Print Clearly. Illegible applications will not be processed.

| APPLICANT INFORMATION | | | | | | |
|---|------------------------------|-------------------|---|--------------------------|--|--|
| Last Name First Name | Maiden I | Name or Alias | | Phone Number | | |
| | | | | | | |
| Street Address | City | State | Zip Code | | | |
| | | | | | | |
| Are you over 18 years old? Are you legally au | thorized to work in the US? | Were you referred | Please include Prime Team Members Name. | | | |
| YES NO YES | NO NO | | | | | |
| Do you own or have regular access to any typ | e of birds; including, but r | not limited too: | chickens, tur | keys, parakeets, etc. | | |
| YES NO Due to the risk o | f exposure to Avian Flu, ei | mployees of Pr | ime Foods are | e not allowed to | | |
| own, raise, or bro | eed birds of any kind. | | | | | |
| BACKGROUND INFORMATION | | | | | | |
| Have you ever been convicted of a crime (Oth | ner than a moving violatio | n)? | YES 🔲 NO |) | | |
| If so, please include all relevant information b | elow: Conviction of a crim | ne does not disc | qualify you fro | m employment. | | |
| Type of Conviction Date of Conv | iction Explanatio | on | | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| EDUCATION INFORMATION | | | | | | |
| Please circle the highest grade completed: | 7 8 9 10 11 | 12 13 14 | 15 16 | 16+ | | |
| | (High Scho | ol) (Unive | ersity) (Po | st-Seconday) | | |
| Name of School | City/State | e/Country | D | egree/Certificate Earned | | |
| High School | | | | | | |
| College | | | | | | |
| | | | | | | |
| Other | | | | | | |
| | | | | | | |
| AVAILABILITY | | | | | | |
| 1 Have you ever been employed by Prime F | | length of time? |) | I | | |
| If yes: Start Date End Date | Reason For Leaving | | | Supervisor | | |
| | | | | | | |
| 2 What days of the week/times are you available for work? | | | | | | |
| 3 What day are you available to start work? | | | | | | |
| 4 Please rank the available, open positions t | hat you are interested in | according to y | our preferenc | e. | | |
| 1 | 2 | | 3 | | | |

| | | | | | ion is answered, ple next section to exp | | | 5 years. | | |
|----------------------|--|-------------------------------------|------------------|---|---|---------|-------------------|----------|---------|-----------|
| - | Are you currently working for this employer? Yes | | | NO | | | | Yes 🔲 NO | | |
| Most Recent Employer | Company Name | | City | y State | | | Phone Number | | | |
| | Date Started | Date Ended | Supervisors N | ame | | | Pay Rate 📃 Hourly | | | Annualy |
| Recen | Last Title Held | | | Essential Duties | | | | | | |
| Most | Reason for Leaving | | | | | | | | | |
| Previos Emploment | Are you currently working for this employer? 🛛 🔲 Yes 🔲 I | | | NO | IO If yes, may we contact this employer? | | | Yes 🔲 NO | | |
| | Company Name | | City | | State | | Phone Number | | | |
| | Date Started | Date Ended | Supervisors Name | | | | Pay Rate | | Hourly | Annualy |
| s Emp | E Last Title Held | | | Essential Duties | | | | | | |
| Previo | Reason for Leaving | | | | | | | | | |
| | Are you currently working for this employer? | | NO | NO If yes, may we contact this employer | | yer? | ? 🗌 Yes 🗋 NO | | | |
| ent | Company Name | | City | | State Phone | | Phone Nu | Number | | |
| Ň | Date Started | e Started Date Ended Supervisors Na | | | ne Pay | | Pay Rate | iy Rate | | |
| olq | | | | | | | | Hourly | Annualy | |
| su Em | Last Title Held | | | Essential Duties | | | | | | |
| Previosu Employment | Reason for Leaving | | | | | | | | | |
| REI | ERENCES | | | | | | | | | |
| Incl | ude only individuals | s familiar with you | r work capabil | ities | . Do not include rela | atives. | | | | |
| | NAME CITY/ST | | 'STATE | | | HOW K | | KNOWN | | YRS KNOWN |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

CERTIFICATION:

I certify that the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, ommissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my appliction or discharge at any time during my employment. I also agree that, as company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment will be "at-will", and that either Prime Foods or I can choose to terminate the employment relationship for any reason, without notice.

AUTHORIZATION

I understand that background, drug, and medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, and medical practitioners, current and former employers, and law enforcement authorities to release any information concerning my background or test results and hereby release any of the above mentioned entities from any liability for any damage whatsoever for issuing this information.

PRINT NAME

LEGAL SIGNATURE

AFFIRMATIVE ACTION QUESTIONNAIRE

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

| NAME | | | | DATE |
|-----------------|--------------------|------------------------------|----------|--|
| (LAS | Т) | (FIRST) | (MIDDLE) | |
| JOP/POSITION | APPLIED FOR | | | |
| What is your ge | ender? | | Do yo | ou have a mental or physical disability? |
| Male | | | |] Yes |
| 🔲 Female | | | |] NO |
| | | | | isability is defined as having a physical, sensory, or |
| | ce/ethnic origin | | | ental impairment (or condition) that materially |
| 🔲 White: (| not of hispanic of | origin) | • | or significantly) limits one or more major life |
| _ | | | | ctivities; having a record of such impairment; or |
| Black or | African America | an: (Not of hispanic origin) | h | aving regarded as having such an impairment. |
| 🗌 Hispanio | or Latino: | | What | t is your Veteran/U.S. Military Status?] Non-Veteran |
| Asian: | | | | Pre-Vietnam Veteran |
| _ | | | | Pre-Vietnam Veteran with service incurred |
| 🔲 Native H | lawaiian or Othe | er Pacific Islander | _ | disability |
| _ | | | | Vietnam Veteran (8/5/64-5/7/75) |
| 🗌 America | n Indian or Alas | kan Native | | Vietnam Era Veteran with service incurred |
| _ | | | - | disability |
| 🔲 Two or i | more races | | | Post Vietnam Veteran |
| _ | | | | Post Vietnam Veteran with service connected |
| | | | - | disability |
| | | | | - |

INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE