



STRATEGIC PORK SOLUTIONS LLC

DOING WHAT'S BEST FOR PORK PRODUCERS

Strategic Pork Solutions LLC.
(507) 553-3338
126 S Broadway
Wells, MN 56097-1628
www.swineservices.net

EMPLOYMENT FORM

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Last Name	First Name	Middle Initial	Email Address
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Street Address	City/State	Zip Code	Phone Number	Referred By
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.
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Position Desired:	Wage/Salary Desired:	Full Time?	Part Time?
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Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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List any job-related skills or accomplishments, including military service:

- YOUR AVAILABILITY FOR WORK -

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?
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- REFERENCES -

- Provide Two References Who Are Not Former Employers Who We May Contact -

Name and Occupation	How do you know them, and for how long?	Phone Number

- YOUR EMPLOYMENT HISTORY -

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of Employer:	Job Title:	Dates of Employment: From: To:	
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Ending pay:

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126 S. Broadway, Wells, MN 56097 phone 507-553-3338
Employment Application

Application Form Waiver

In exchange for the consideration of my job application by Strategic Pork Solutions, hereinafter called "the Company") I agree that:

I understand that the Company follows an "employment at will" policy, in that I or the Company may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens, all persons hired must submit satisfactory proof of employment authorization and identity, failure to submit such proof will result in denial of employment.

I hereby authorize the Company to investigate my work and personal history and verify all dates given on this application, related papers, and interviews. I authorize all individuals, schools, and firms, named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. If the position for which I am apply requires me to drive a company vehicle, I authorize the Company to investigate my driving record for insurance purposes.

I understand that all statements herein are true and understand that any misrepresentation or willful omission of facts is cause for dismissal or refusal of employment.

I understand this application will be active for a period of 60 days; after that time, I must submit a new application for consideration.

Signature: _____ Date: _____