



## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

EMAIL \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

FORM OF ID \_\_\_\_\_ DOC # \_\_\_\_\_ EXPIRES? \_\_\_\_/\_\_\_\_/\_\_\_\_

NO ONE UNDER THE AGE OF 18 CAN WORK IN A MEAT PACKING PLANT. IF YOU ARE OFFERED A JOB HERE, CAN YOU PROVIDE EVIDENCE THAT YOU ARE OVER THE AGE OF 18?..... YES / NO

HAVE YOU EVER BEEN EMPLOYED HERE?.....YES / NO. IF YES, PLEASE PROVIDE DATES YOU WERE EMPLOYED

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?.....YES / NO

WHAT DATE ARE YOU AVAILABLE FOR WORK? \_\_\_\_\_

WHAT TYPE OF WORK ARE YOU AVAILABLE FOR?....FULL TIME? \_\_\_\_\_ PART TIME? \_\_\_\_\_ TEMPORARY? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?.....YES / NO

IF YES, PLEASE EXPLAIN \_\_\_\_\_

EMPLOYMENT HISTORY: PROVIDE YOUR LAST 3 JOBS BEGINNING WITH YOUR MOST RECENT JOB FIRST, INCLUDING ANY MILITARY EXPERIENCE.

#1

DATE BEGAN / ENDED POSITION HELD SUPERVISOR'S NAME & TITLE

EMPLOYER ADDRESS CITY / STATE / ZIP CODE PHONE #

DESCRIBE JOB DUTIES & RESPONSIBILITIES

REASON FOR LEAVING? BEGINNING SALARY / PER WEEK ENDING SALARY / WEEK



## APPLICATION FOR EMPLOYMENT

#2

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DATE BEGAN / ENDED	POSITION HELD	SUPERVISOR'S NAME & TITLE
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EMPLOYER	ADDRESS	CITY / STATE / ZIP CODE	PHONE #
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DESCRIBE JOB DUTIES & RESPONSIBILITIES

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REASON FOR LEAVING?	BEGINNING SALARY / PER WEEK	ENDING SALARY / WEEK
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#3

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DATE BEGAN / ENDED	POSITION HELD	SUPERVISOR'S NAME & TITLE
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EMPLOYER	ADDRESS	CITY / STATE / ZIP CODE	PHONE #
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DESCRIBE JOB DUTIES & RESPONSIBILITIES

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REASON FOR LEAVING?	BEGINNING SALARY / PER WEEK	ENDING SALARY / WEEK
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I HEREBY CERTIFY THAT ALL OF MY STATEMENTS AND INFORMATION ARE TRUE AND I UNDERSTAND THAT IF I AM EMPLOYED HERE, ANY FALSE STATEMENTS OR OMISSIONS OF FACT ON THIS APPLICATION ARE CAUSE FOR THE TERMINATION OF THAT EMPLOYMENT. I ALSO GRANT PERMISSION TO INVESTIGATE EMPLOYMENT, EDUCATION, BACKGROUND AND REFERENCES. I HEREBY RELEASE FROM LIABILITY FORT WORTH MEAT PACKERS CORPORATION AND ITS' REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THIS APPLCATION IS INTEDED TO PROVIDE INFORMATION FOR EVALUATING YOUR SUITABILITY FOR EMPLOYMENT AND IS NOT INTENDED TO BE, NOR MAY IT BE CONSTRUED TO BE A CONTRACT FOR EMPLOYMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FORT WORTH MEAT PACKERS IS AN EQUAL OPPORTUNITY EMPLOYER



## APPLICATION FOR EMPLOYMENT

### **FORT WORTH MEAT PACKERS EMPLOYEE INJURY POLICY**

**Effective 02/01/2020**

**Injuries:**

When an employee is injured on the job, the injury must be immediately reported to a supervisor and must be reported before leaving the premises. If the employee leaves the premises without reporting the injury to a supervisor, Fort Worth Meat Packers is not responsible. If the employee needs medical attention, Fort Worth Meat Packers will make the necessary arrangements.

I understand and agree to this policy \_\_\_\_\_  
Employee signature Date

### **FORT WORTH MEAT PACKERS EMPLOYEE AGREEMENT**

Agreement to allow Fort Worth Meat Packers to withhold funds from wages.

Fort Worth Meat Packers is offering a conditional offer of employment. I, \_\_\_\_\_ understand and agree that as a requirement of my employment with Fort Worth Meat Packers Corporation, I must pass a physical as directed by the Corporation. Fort Worth Meat Packers will pay for the cost of the physical. However, if I leave Fort Worth Meat Packers Corporation's employment prior to my working ninety (90) days, I will be liable to Fort Worth Meat Packers for the cost of my physical.

I authorize Fort Worth Meat Packers to withhold the cost of my physical from my final paycheck if I do not remain employed by the Fort Worth Meat Packers the agreed upon ninety (90) days. If there is any remaining balance owed to Fort Worth Meat Packers after my final paycheck, I agree to pay the debt to the Fort Worth Meat Packers personally.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
90 day period end date



## APPLICATION FOR EMPLOYMENT

By signing this letter I manifest my conformity to reimburse Fort Worth Meat Packers the quantity of \$60.00 (sixty dollars) respective to the cost of the physical examination that was taken when I was hired. This only applies in case I present my resignation voluntarily in a period of less than 90 days. Having said this; my payment could be deducted from my last paycheck.

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Employee Signature

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Date