

It is the policy of Embee Processing to provide equal employment opportunities to all qualified persons and employees without regard to race, color, religion, national origin, age, sex, sexual orientation, marital status, gender identity or expression, genetic information, disability, veteran status or other legally protected status. When completing this application, you may exclude information that would disclose or otherwise reference any legally protected status. This application is considered current for sixty (60) days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by completing a new application.

General Information						
DATE APPLIED: POSITION APPLYING FOR:						
IF SELECTED, HOW SOON ARE YOU AVAILABLE FOR EMPLOYMENT?	ediately  Other, specify date:					
NAME	PRIMARY PHONE					
(LAST) (FIRST) (M.I.)						
ADDRESS	ALTERNATE PHONE#					
CITY STATE ZIP	EMAIL ADDRESS:					
	mporary DESIRED SALARY:					
WHAT DAYS ARE YOU <b>NOT</b> AVAILABLE TO WORK?						
ARE YOU WILLING TO WORK WEEKENDS? 🛛 Yes 🗆 No	ARE YOU WILLING TO RELOCATE?   Yes  No					
ARE YOU WILLING TO WORK OVERTIME?   Yes  No	ARE YOU WILLING TO TRAVEL?   Yes  No					
HAVE YOU EVER WORKED FOR EMBEE PROCESSING OR ANY OF ITS AFFILIATES If yes, please provide dates and location(s):	S? Yes No					
DO YOU HAVE A RELATIVE CURRENTLY EMPLOYED BY EMBEE PROCESSING ?	🗆 Yes 🗆 No					
If yes, please provide, name(s), and relationship:						
WERE YOU REFERRED BY AN EMPLOYEE OF EMBEE PROCESSING	🗆 Yes 🗆 No					
If yes, please provide employee name:						
ARE YOU 18 YEARS OF AGE OR OLDER?						
ARE YOU CURRENTLY ELIGIBLE TO WORK IN THE U.S., AND AUTHORIZED TO W	ORK FOR THIS COMPANY ON AN ONGOING INDEFINITE BAS	S?				
□ Yes □ No						
WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP BY THIS COMPANY	Y TO ATTAIN OR MAINTAIN YOUR EMPLOYMENT ELIGIBILITY?	?				
□ Yes □ No						
IF THE JOB REQUIRES DRIVING ON BEHALF OF THE COMPANY, DO YOU HAVE A	A VALID DRIVER'S LICENCE?					
□ Yes □ No						
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) WHICH WE WILL NEED	D TO VERIFY INFORMATION   Yes No					
CONTAINED IN THIS APPLICATION?						
If you please list:						
If yes, please list:						
CAN YOU WITH OR WITHOUT ACCOMMODATION, PERFORM THE ESSENTIAL FU	JNCTIONS OF THE JOB FOR 🛛 Yes 🗆 No					
WHICH YOU ARE APPLYING?						
ARE YOU CURRENTLY SUBJECT TO A NON-COMPETE OR EMPLOYMENT AGRE						
ARE TOO CORRENTET SUBJECT TO A NON-COMPETE OR EMPLOYMENT AGRE	EEMENT WITH ANOTHER EMPLOYER?   Yes  No					

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SCHOOL	NAME AND LOCATION (cit	ty, state)	DEGREE/COURSE OF STUDY	# OF YEARS ATTENDED	GRADUATED
High School					🗆 Yes 🗆 No
College/University					🗆 Yes 🗆 No
Other: (Tech, Trade, Military)					🗆 Yes 🗆 No
List all applicable current	licenses and/or areas of certification:				
List all equipment (office,	trade, or laboratory) that you operate	proficiently:			
List any training skills an	titudes, and qualifications that you fee	are relevant to th	ne type of employment you are s	eeking.	
List arry training, skills, ap	and quameations that you lee		le type of employment you are a	eeking.	
Employment Hist	tory				
Complete even if you have	e a resume attached. List all previous	employment begin	nning with your most current or r	nost recent employment first. I	nclude military experience
and relevant volunteer exp	perience.				
May we contact your pres	ent employer? 🛛 Yes 🗌 No	lf you are a final o	candidate any previous employe	r may be contacted for referen	ices.
COMPANY NAME:			TEL	EPHONE #	
ADDRESS:			EM	PLOYED (month and year):	
			FRO	DM:	TO:
IMMEDIATE SUPERVISO	OR AND TITLE:	JOB TITLE:	RE	ASON FOR LEAVING:	
COMPANY NAME:		TEL	TELEPHONE #		
ADDRESS:		EM	EMPLOYED (month and year):		
			FRO	DM:	TO:
IMMEDIATE SUPERVISO	DR AND TITLE:	JOB TITLE:	RE/	ASON FOR LEAVING:	
COMPANY NAME:			TEL	EPHONE #	
ADDRESS:			EM	PLOYED (month and year):	
			FRO		TO:
IMMEDIATE SUPERVISO	DR AND TITLE:	JOB TITLE:	RE/	ASON FOR LEAVING:	
COMPANY NAME:			TEL	EPHONE #	
				PLOVED (month on duran)	
ADDRESS:				PLOYED (month and year):	
			FRO		TO:
IMMEDIATE SUPERVISO	JI AND TILE.	JOB TITLE:	RE/	ASON FOR LEAVING:	

## **PROFESSIONAL REFERENCES** (Please include Direct Managers, Direct Reports and Peers)

NAME:	RELATIONSHIP:	EMAIL:
COMPANY:	TITLE:	TELEPHONE #
NAME:	RELATIONSHIP:	EMAIL:
COMPANY:	TITLE:	TELEPHONE #
NAME:	RELATIONSHIP:	EMAIL:
COMPANY:	TITLE:	TELEPHONE #

## Notice to Applicants – Please Read Carefully, Sign and Date

1. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I understand that any false or misleading information or omission will disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

2.	I understand that in addition to this application, the employment process may include any or all of the following procedures: testing - aptitu	ide, personality and/or
skill, multip	le interview, thorough background checks, drug screening test, post-offer employment physical.	

3. I understand that the Company will investigate statements contained in this application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I promise I will not bring any legal claims or actions against my current or former employers due to their responses to any job reference request.

4. I authorize without reservation, any party or agency contacted by Embee Processing or its authorized agent to furnish any applicable information related to this application of employment.

5. I understand that any offer made to me by Embee Processing whether accepted or not, is contingent upon Embee Processing's investigation of their application, including the results of reference checks and investigative consumer reports.

6. I understand that I will also be asked to provide original documentation establishing that I am legally authorized to work in the United States as required under the Immigration Reform and Control Act of 1986.

7. If selected for employment, I will comply with Embee Processing's Code of Business Conduct and all Company polices (safety, work, attendance etc.).

8. I understand that the completion of this application is not to be construed as an express or implied contract of employment or guarantee leading to employment. I further understand that the completion of an application with Embee Processing is a preliminary step to employment. It does not obligate Embee Processing to offer employment to me or for me to accept employment with Embee Processing. Furthermore, I acknowledge that Embee Processing follows an employment at-will policy such that employee's or Embee Processing may terminate employment at any time for any reason. I understand that no Embee Processing employee, supervisor or manager has the authority to offer or promise anything other than at-will employment.

9. I understand that all applicants for employment are judged solely on the basis of qualification and ability without regard to age, sex, race, national origin, religion, sexual orientation, marital status, gender identity or expression, genetic information, disability, veteran status or other classification(s) protected by law.

By my electronic signature, (typed name), I acknowledge having read and understood the above statements. I understand that I have the right to receive a copy of this acknowledgement should I request a copy.

Signature:

Print Name:

Date: \_\_\_\_

March 2018