STEMBLE'S MEAT APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

| Name (Last) | ` | (First) | | | (Mic | (Middle Initial) | | Home Telephone | |
|---|------------------------|------------------------------|------|--------------|-------------------------------------|-----------------------|---------|---|---------------------|
| Address (Mailing Address) | | (City) | | | (Sta | te) (Zip) | | \ \(\) | her Telephone |
| Address (Mailing Address) | | (City) | | | (Sta | te) (Zip) | | (|) - |
| E-Mail Address Are you legally entitled to work in the U.S.? Yes | | | | | | ′es 🗌 No | | | |
| POSITION | | | | | | | | | |
| Position Or Type Of Employment Desire | | | | | Will Accept: Sh Part-Time Full-Time | | | nift:] 6AM -2:30PM] 8:30AM-5:30PM | |
| Are you able to perform the essential without reasonable accommodation? | you are | you are applying for with or | | | = | Temporary Either/Both | | | |
| Salary Desired | | Date | | | ate Availal | Available | | | |
| EDUCATION AND TRAINING | | | | | | | | | |
| High School Graduate Or General E If no, list the highest grade completed | | est Pass | sed? | ☐ Yes ☐ |] No | | | | |
| College, Business School, M | ilitary (Most red | ent firs | t) | | | | | | |
| | Dates | Credits Earne | | Earned | t | | D- | | Maian |
| Name and Location | Attended Month/Year | Seme: Hou | ster | | her ecify) | | | gree Year | Major or Subject |
| | From | | | |] | Yes | | | |
| | То | | | | | No | | | |
| | From | | | |] | Yes | | | |
| | То | | | | l | No | | | |
| | From | | | |] | Yes | | | |
| | То | | | | <u> </u> | No | | | |
| | From | | | |] [| Yes | | | |
| Occupational License Contificate or Bo | To | Number | | | Where les | No | | | Evaluation Data |
| Occupational License, Certificate or Registration | | Number Who | | wnere iss | ere Issued | | | Expiration Date | |
| Occupational License, Certificate or Registration | | Number | | Where Issued | | | | Expiration Date | |
| Occupational License, Certificate or Registration | | Number W | | Where Iss | here Issued | | | Expiration Date | |
| Languages Read, Written or Spoken Flu | uently Other Than E | nglish | | | | | | | 1 |
| VETERAN INFORMATION (Mos | t recent) | | | | | | | | |
| Branch of Service | | | | | Date of Entry Date | | Date of | Discharge | |
| SPECIAL SKILLS (List all pertinent skills and equipment that you can operate) | | | | | | | | | |
| (Maximum 300 characters) | | | | | | | | | |
| | | | | | | | | | |

| WORK EXPERIENCE (Most Recent First) (Include vol | untary work and military ex | xperience) | | | | | | |
|---|---|-----------------------|---------------------------------|--|--|--|--|--|
| Employer | Telephone Number (|) - | From (Month/Year) | | | | | |
| Address | T | | | | | | | |
| Job Title | Number Employees Sup | ervised | To (Month/Year) | | | | | |
| Specific Duties (Maximum 350 characters) | | | | | | | | |
| | | | Hours Per Week | | | | | |
| | | | | | | | | |
| | | | Last Salary | | | | | |
| | | | _ | | | | | |
| | | | Supervisor | | | | | |
| | | | | | | | | |
| Reason For Leaving | 1 , | May We Contact This E | mployer? Yes No | | | | | |
| Employer | Telephone Number (|) - | From (Month/Year) | | | | | |
| Address | I | | To (Month/Year) | | | | | |
| Job Title Specific Duties (Maximum 350 characters) | | | | | | | | |
| Openic Daties (maximum 550 characters) | | | Hours Per Week | | | | | |
| | | | nouis rei week | | | | | |
| | | | Last Salary | | | | | |
| | | | Last Salary | | | | | |
| | | | Cunominar | | | | | |
| | | | Supervisor | | | | | |
| Beesen For Leaving | | May We Contact This E | <u>I</u> mployer? ☐ Yes ☐ No | | | | | |
| Reason For Leaving | Talambana Namaban / | , | 1 | | | | | |
| Employer Address | Telephone Number (|) - | From (Month/Year) | | | | | |
| Job Title | Number Employees Sup | arvisad | To (Month/Year) | | | | | |
| Specific Duties (Maximum 350 characters) | Number Employees Sup | ei viseu | . To (months rout) | | | | | |
| , | | | Hours Per Week | | | | | |
| | | | | | | | | |
| | | | Last Salary | | | | | |
| | | | , | | | | | |
| | | | Supervisor | | | | | |
| | | | | | | | | |
| Reason For Leaving | | May We Contact This E | mployer? 🗌 Yes 🗌 No | | | | | |
| Employer | Telephone Number (|) - | From (Month/Year) | | | | | |
| Address | Totophono Humbor (| 1 | (| | | | | |
| Job Title | Number Employees Sup | ervised | To (Month/Year) | | | | | |
| Specific Duties (Maximum 350 characters) | , | | | | | | | |
| | | | Hours Per Week | | | | | |
| | | | | | | | | |
| | | | Last Salary | | | | | |
| | | | | | | | | |
| | | | Supervisor | | | | | |
| | | | | | | | | |
| Reason For Leaving | | May We Contact This E | mployer? 🗌 Yes 🗌 No | | | | | |
| | | | | | | | | |
| I certify the information contained in this application is t | | | if employed, false | | | | | |
| statements reported on this application may be considered sufficient cause for dismissal. | | | | | | | | |
| Signature of Applicant | | ם | ate | | | | | |
| 2 | | _ | | | | | | |
| Interviewer's Comments: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |