

Application for Employment

Sandy Pine Systems, Inc
 1337 Road 3
 Leigh, NE 68643

We are an equal opportunity employment company.
 We are dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

PERSONAL INFORMATION

Date _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION _____ FULL OR PART TIME _____ DATE YOU CAN START _____

SALARY DESIRED _____ ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR

PRESENT EMPLOYER _____ HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____

IF SO, DATE _____ ARE YOU OVER 18? _____ ARE YOU LEGALLY ELIGIBLE FOR

EMPLOYMENT IN THE U.S.? _____ DO YOU HAVE A VALID DRIVER'S LICENSE? _____ DO YOU HAVE

RELIABLE TRANSPORTATION TO WORK? _____ LANGUAGES SPOKEN _____

ARE YOU LIVING WITH AN EMPLOYEE OF SANDY PINE SYSTEMS, LOST ISLAND, WHITETAIL, or GJW?

ARE YOU LIVING WITH ANYONE WHO COMES IN CONTACT WITH LIVESTOCK? _____

ARE YOU CURRENTLY A MEMBER OF THE US ARMED FORCES? _____ IF YES, WHAT BRANCH? _____

DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? _____ IF YES, PLEASE DESCRIBE. _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE #	BUSINESS	YEARS AQUANINTED

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	TRADE/ VOCATIONAL
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/ DEGREE	//////////////////////////////////// ////////////////////////////////////			
COURSE OF STUDY	//////////////////////////////////// ////////////////////////////////////			

EMPLOYMENT EXPERIENCE

List each job held, starting with your present or last job.

EMPLOYER	DATES FROM	TO	Phone number:
ADDRESS			Duties:
JOB TITLE	Hrly. Rate/ Starting	Salary Final	
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER	DATES FROM	TO	Phone number:
ADDRESS			Duties:
JOB TITLE	Hrly. Rate/ Starting	Salary Final	
SUPERVISOR			
REASON FOR LEAVING			
EMPLOYER	DATES FROM	TO	Phone number:
ADDRESS			Duties:
JOB TITLE	Hrly.Rate/ Starting	Salary Final	
SUPERVISOR			
REASON FOR LEAVING			

I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or investigative consumer report may be requested whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so the name and address of the consumer reporting agency that furnished such report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I requested such disclosure within a reasonable period of time.

I understand that if employed: 1) any misrepresentation or omission of facts requested in the application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

SIGNATURE OF APPLICANT

DATE