



**OZARK MOUNTAIN
POULTRY, INC.**

750 W EASY ST
ROGERS, AR 72756

PHONE: 479/633-8600

Ozark Mountain Poultry

APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETED APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full, even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

Full Name: First Middle Last	Social Security Number
Present Address: Street City State Zip Code	Home Phone #: () -

IF NO PHONE, HOW MAY WE CONTACT YOU?

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS?
{ } YES { } NO IF YES, NAME OF RELATIVE:

HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS? { } YES { } NO
IF YES, WHERE? APPROXIMATE DATE: MO/YR

HAVE YOU EVER APPLIED FOR A JOB WITH THE COMPANY OR ITS DIVISIONS? { } YES { } NO
IF YES, WHERE? APPROXIMATE DATE: MO/YR

HOW WERE YOU REFERRED?

GENERAL INFORMATION

Are you at least 18 years of age? { } YES { } NO

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE U.S.? { } YES { } NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION?
{ } YES { } NO
(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age at the time of offense, seriousness and nature of violation, and rehabilitation will be taken into account)
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN DISCHARGE FROM ANY EMPLOYMENT OR ASKED TO RESIGN? { } YES { } NO
IF YES, PLEASE EXPLAIN:

PLEASE CHECK SCHEDULE AVAILABILITY:

{ } I am available and desire to work Full-Time (35hours) and do not have restrictions on my hours and days

Hours Available	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.
TO	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.	[] A.M. [] P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

WAGE EXPECTED:

DATE AVAILABLE FOR WORK:

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (attach additional sheet if necessary)

1.) EMPLOYER'S NAME (COMPANY NAME)		FROM: MO/YR	TO: MO/YR	START PAY	END PAY
ADDRESS CITY, STATE, ZIP		PHONE #:		NAME OF SUPERVISOR	
REASON FOR LEAVING		TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER { } YES { } NO	
JOB RESPONSIBILITIES:					
2.) EMPLOYER'S NAME (COMPANY NAME)		FROM: MO/YR	TO: MO/YR	START PAY	END PAY
ADDRESS CITY, STATE, ZIP		PHONE #:		NAME OF SUPERVISOR	
REASON FOR LEAVING		TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER { } YES { } NO	
JOB RESPONSIBILITIES:					
3.) EMPLOYER'S NAME (COMPANY NAME)		FROM: MO/YR	TO: MO/YR	START PAY	END PAY
ADDRESS CITY, STATE, ZIP		PHONE #:		NAME OF SUPERVISOR	
REASON FOR LEAVING		TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER { } YES { } NO	
JOB RESPONSIBILITIES:					
4.) EMPLOYER'S NAME (COMPANY NAME)		FROM: MO/YR	TO: MO/YR	START PAY	END PAY
ADDRESS CITY, STATE, ZIP		PHONE #:		NAME OF SUPERVISOR	
REASON FOR LEAVING		TYPE OF BUSINESS		MAY WE CONTACT EMPLOYER { } YES { } NO	
JOB RESPONSIBILITIES:					

EDUCATION

EDUCATION/TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS/TRADE/OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experiences, skills or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? [] YES [] NO

If Yes, please explain

Please provide the names of two people (no relatives) you have worked with whom we may contact for reference, if necessary.

1. NAME:	BUSINESS PHONE #:	TITLE RELATIONSHIP:
ADDRESS / HOME PHONE	CITY, STATE, ZIP	HOW LONG KNOWN
2. NAME:	BUSINESS PHONE #:	TITLE RELATIONSHIP:
ADDRESS / HOME PHONE	CITY, STATE, ZIP	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the company, except the President of Ozark Mountain Poultry, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President or to make any agreement contrary to the foregoing.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and submit it to the company.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____