

APPLICATION FOR EMPLOYMENT
 ALL PORTIONS OF THIS FORM WHICH
 PERTAIN TO YOU MUST BE COMPLETED



AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT IN INK OR TYPE


DATE AVAILABLE FOR EMPLOYMENT	WHAT POSITION ARE YOU APPLYING FOR?	TYPE OF WORK DESIRED OR POSITION OF INTEREST: <input type="checkbox"/> Production <input type="checkbox"/> Poultry Inspection Sorter <input type="checkbox"/> Distribution/Shipping <input type="checkbox"/> Diesel Mechanic <input type="checkbox"/> Lead Person <input type="checkbox"/> Sanitation <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Truck Driver <input type="checkbox"/> Machine Operator/WIP <input type="checkbox"/> Poultry Transfer <input type="checkbox"/> Egg Production/Hatchery <input type="checkbox"/> Clerical <input type="checkbox"/> Oven Operator <input type="checkbox"/> Electrical/Electronics <input type="checkbox"/> Feed Mill <input type="checkbox"/> Management <input type="checkbox"/> Packagers <input type="checkbox"/> Maintenance/Refrigeration <input type="checkbox"/> Farm/Live Haul		
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EMPLOYMENT STATUS DESIRED FULL TIME _____ PART TIME _____ TEMPORARY _____ SUMMER _____	SHIFT DESIRED: FIRST _____ SECOND _____ THIRD _____ NO PREFERENCE _____
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PERSONAL DATA	LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	
	CURRENT ADDRESS (STREET OR P.O. BOX)			HOW LONG AT THIS ADDRESS	
	CITY	STATE	ZIP CODE	COUNTY	AREA CODE/PHONE NUMBER
	I AM AGREEING THAT FUTURE TEXT MESSAGES RELATING TO JENNIE-O TURKEY STORE, INCLUDING COMPANY NEWS, JOB POSTING AND APPLICATION STATUS UPDATES, AND OTHER INFORMATION, MAY BE SENT ON BEHALF OF JENNIE-O TURKEY STORE TO THE CELL PHONE NUMBER I PROVIDED ABOVE. YES _____ NO _____				
	FORMER ADDRESS (STREET OR P.O. BOX)		HOW LONG AT THIS ADDRESS	ARE YOU 18 OR OLDER YES _____ NO _____	
	CITY	STATE	ZIP CODE	EMAIL ADDRESS	
	The Immigration Reform and Control Act of 1986 requires all employers to verify the identity of all new employees and to confirm that each employee has a right to work in the United States. All offers of employment are contingent on timely production of documents by the applicant necessary to prove employment authorization and identity.				
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY JENNIE-O TURKEY STORE, INC., JENNIE-O TURKEY STORE SALES, LLC, JENNIE-O TURKEY STORE INTERNATIONAL, INC., JENNIE-O FOODS, INC., JEROME FOODS, THE TURKEY STORE, HEARTLAND FOODS COMPANY, GOLDEN VALLEY PROCESSING, OR WEST CENTRAL TURKEYS, LLC? YES _____ NO _____ IF YES, WHERE AND WHEN? _____				
	IF YOU WERE REFERRED BY A CURRENT EMPLOYEE PLEASE PRINT: EMPLOYEE NAME			LOCATION	

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST 7 YEARS BEGINNING WITH YOUR MOST RECENT POSITION.

EMPLOYMENT HISTORY	NAME OF EMPLOYER		ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NO.	
	FROM	STARTING POSITION					MAY WE CONTACT? ____ YES ____ NO	
	TO	POSITION AT TIME OF LEAVING					HRS PER WEEK _____	
	NAME AND TITLE OF IMMEDIATE SUPERVISOR					REASON FOR LEAVING		
	NAME OF EMPLOYER		ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NO.	
	FROM	STARTING POSITION					MAY WE CONTACT? ____ YES ____ NO	
	TO	POSITION AT TIME OF LEAVING					HRS PER WEEK _____	
	NAME AND TITLE OF IMMEDIATE SUPERVISOR					REASON FOR LEAVING		
	NAME OF EMPLOYER		ADDRESS		CITY	STATE & ZIP CODE	TELEPHONE NO.	
	FROM	STARTING POSITION					MAY WE CONTACT? ____ YES ____ NO	
	TO	POSITION AT TIME OF LEAVING					HRS PER WEEK _____	
	NAME AND TITLE OF IMMEDIATE SUPERVISOR					REASON FOR LEAVING		

EMPLOYMENT HISTORY	PLEASE ACCOUNT FOR ANY PERIODS IN LAST 7 YEARS THAT YOU HAVE BEEN UNEMPLOYED, PERFORMING VOLUNTEER WORK, IN SCHOOL OR ACTIVE IN THE MILITARY:			
EDUCATION	NAME OF INSTITUTION			
	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE OR CERTIFICATE GRANTED	MAJOR/MINOR OR COURSE OF STUDY	CUM. GPA/MAX. GPA (ex. 3.2/4.0)
	NAME OF INSTITUTION			
	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE OR CERTIFICATE GRANTED	MAJOR/MINOR OR COURSE OF STUDY	CUM. GPA/MAX. GPA (ex. 3.2/4.0)
MILITARY	FROM	TO	BRANCH OF SERVICE	RESERVE/NATIONAL GUARD STATUS
	MILITARY SKILLS/TRAINING THAT WOULD HELP YOU IN YOUR WORK WITH OUR COMPANY			
EMPLOYMENT INTERESTS	WHY ARE YOU APPLYING FOR A POSITION WITH OUR COMPANY? _____			
	DESCRIBE BRIEFLY YOUR CAREER OBJECTIVES:			
	SALARY REQUIREMENTS			
PLEASE DESCRIBE ANY LOCATION PREFERENCES/RESTRICTIONS				
REQUIRED	ARE YOU CURRENTLY OR HAVE BEEN IN THE PAST AN EMPLOYEE, AGENT OR VOLUNTEER OF AN ANIMAL WELFARE OR RIGHTS ORGANIZATION OR HAVE BEEN AFFILIATED WITH MEDIA AS AN EMPLOYEE OR FREELANCE CONTRIBUTOR? YES _____ NO _____ IF YES, EXPLAIN:			
				
SIGNATURE: _____				

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF EMPLOYMENT, OR IF HIRED, DISMISSAL. IF I AM OFFERED EMPLOYMENT, I CONSENT TO UNDERGO DRUG AND ALCOHOL TESTING AND I ALSO AGREE TO SUBMIT TO A PHYSICAL EXAMINATION BY THE COMPANY IF REQUESTED. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT TO ME IS CONDITIONED UPON VERIFICATION OF THE INFORMATION CONTAINED IN THIS APPLICATION, THE RESULTS OF THE DRUG AND ALCOHOL TESTING AND MY PASSING THE PHYSICAL EXAMINATION.

I AUTHORIZE THE LISTED EMPLOYERS, AND SCHOOL REFERENCES TO GIVE JENNIE-O TURKEY STORE, INC., JENNIE-O TURKEY STORE SALES, LLC, JENNIE-O TURKEY STORE INTERNATIONAL INC., OR WEST CENTRAL TURKEYS, LLC (WITHOUT FURTHER NOTICE TO ME) ANY AND ALL INFORMATION ABOUT MY PREVIOUS EMPLOYMENT AND EDUCATION, ALONG WITH ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. **I RELEASE ALL PARTIES FROM ALL LIABILITY, AND AGREE NOT TO SUE ANYONE, FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING OR USING SUCH INFORMATION.**

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 2 MONTHS. AT THE END OF THIS PERIOD, IF I AM STILL INTERESTED IN EMPLOYMENT AND HAVE NOT OTHERWISE BEEN CONTACTED BY THE COMPANY, IT WILL BE NECESSARY FOR ME TO RE-APPLY BY FILLING OUT A NEW APPLICATION.

IN CONSIDERATION OF MY EMPLOYMENT BY JENNIE-O TURKEY STORE, INC., JENNIE-O TURKEY STORE SALES, LLC, JENNIE-O TURKEY STORE INTERNATIONAL INC., AND/OR WEST CENTRAL TURKEYS, LLC. (HEREAFTER COLLECTIVELY REFERRED TO AS THE "COMPANY"). I AGREE TO STUDY AND CONFORM TO THE COMPANY RULES AND REGULATIONS. I FURTHER AGREE THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT WITHOUT NOTICE AT ANY TIME FOR ANY REASON, AND THAT THE COMPANY ALSO RETAINS THAT SAME RIGHT. I UNDERSTAND THAT NO COMPANY MANAGER OR REPRESENTATIVE (OTHER THAN THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) HAS AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE ABOVE.

REQUIRED:  SIGNATURE OF APPLICANT _____ **DATE** _____

JENNIE-O TURKEY STORE, INC.

Substance Abuse Policy – Outline

Minnesota

This policy, dated January 5, 2017 supersedes all prior Jennie-O Turkey Store substance abuse policies.

All job applicants and Jennie-O Turkey Store Team Members may obtain a copy of the entire policy from their local Human Resources Office.

Policy

Team Members must be mentally and physically able to be at work, performing their job satisfactorily, and behaving appropriately:

1. Team Members may not report to work under the influence of alcohol, illegal drugs, or prescribed medications for which they do not have a valid prescription.
2. Team Members may not possess an open container, sell, transfer, purchase or use alcohol or illegal drugs while on company-paid time or on company-owned or leased premises or vehicles except for use of alcohol within legal and reasonable limits during non-working hours on farm home sites.

Drug and Alcohol Testing

Drug and alcohol testing is used to support a drug and alcohol free workplace:

1. The testing process will use a saliva swab to detect an alcohol level at 0.02 or above. If the saliva test is positive, the applicant or employee will have to empty their bladder and wait until they can provide a clean urine sample which will be used testing for alcohol and drugs. If the saliva swab is negative, the applicant or employee will give a urine sample that will be used for testing for drugs.
2. Applicants for employment will be tested after a conditional job offer has been extended.
3. Team Members can be tested for "reasonable cause" such as odor of alcohol or marijuana, attendance, performance, and behavior issues at work..
4. Commercial truck drivers will be randomly tested as required by State and Federal regulations and must comply with all applicable DOT regulations.

Refusal to take a test or an unreasonable delay during a test is considered a positive test and results in termination or withdrawal of the job offer and will not be eligible to re-apply for one year.

Test Results

The job offer will be withdrawn for applicants who test "positive" for alcohol (at or above the 0.02 level) or illegal drugs. There is a two- to 4-day wait for the laboratory confirmation of positive alcohol and drug tests. Human Resources will communicate the confirmation test results to the applicant.

Team Members who test "positive" for alcohol (at or above the 0.02 level) or illegal drugs have one opportunity to seek treatment. Team Members that test positive for alcohol or illegal drugs will be placed on an unpaid suspension. Positive test results for illegal drugs or alcohol (at or above the 0.02 level) usually takes two to four days for laboratory confirmation. If the laboratory fails to confirm the alcohol or drug test, the Team Member is allowed to return to work and will be paid for the time spent on suspension pending the confirmation results.

1. Human Resources will arrange for an assessment with a substance abuse professional.
2. The Team Member remains on unpaid suspension until the results of the assessment are communicated to Human Resources.
3. The Team Member must participate in the assessment and follow recommended treatment.
4. The Team Member must submit to a random follow-up test during the next 24 months.
5. A second failed alcohol or drug test within five years results in termination.

Your Rights

Job applicants and Team Members who have been confirmed as "positive" for illegal drugs may:

1. Provide explanation for the result.
2. Request that the lab perform a second confirmation test at the applicant's or Team Member's expense.
3. Submit an appeal to the Director, Employee Relations.

Possession of Controlled Substances

Team Members who use, possess, sell, purchase, or transfer alcohol or drugs during work, on company premises, or in company vehicles will be terminated.

Travel

Travel on Company Business:

1. Less than 0.02 breath alcohol level required during normal working hours.
2. State's mandated intoxication level (.08 to .10) outside normal working hours.
3. A DWI conviction while being compensated for travel is considered a "positive" alcohol test.