

For Employment
Please Print

Lone Star Beef Processors
2150 East 37th Street
San Angelo, TX 76903
(325) 658-5555

Equal
Opportunity
Employer

GENERAL - PERSONAL INFORMATION

Last Name First Name Middle Name Telephone

Home Address City, State, ZIP

Social Security # Drivers License # and State issued

You must be 18 years of age or older to work at Lone Star Beef. Are you over the age of 18? Yes or No

Have you ever worked at Lone Star Beef under your present name or another name? Yes or No

If yes, when? _____ under what name? _____

List friends or relatives employed by Lone Star Beef _____

Were you referred by a Lone Star employee? Yes or No If yes, who? _____

If hired, how do you plan to get to work? Car ___ Cab ___ Bus ___ Walk ___ Other _____

If hired, do you have any physical problems that would affect your ability to: Lift at least 30 pounds Yes or No

Work in hot / cold / wet conditions Yes or No Stand on concrete for at least 8 hours a day Yes or No

If you answered yes to any questions, please explain _____

EDUCATION

Circle highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Name and city of last school attended _____

Vocational/business schools attended _____

Primary Language: English _____ Spanish _____ Other _____

Other languages spoken _____

SECURITY

Have you ever been convicted of a felony? (Conviction of a felony will not necessarily bar you from employment) Yes or No

If yes, when? _____ where? _____

Disposition of case: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____

Address _____ Phone Number _____

CONTINUED ON REVERSE

PREVIOUS EMPLOYMENT

Account for the past 10 years or last two employers, including periods of unemployment, self-employment, schooling, or military service. List present (or most recent) position first.

If presently employed, may we contact your current employer? Yes or No

Company Name	Type of Business	Supervisor
Address - Street & Number	City, State, ZIP	Phone Number
Position - include title and responsibilities		
Dates employed: From _____ to _____		
Reason for leaving? _____		
Starting Pay _____ Ending Pay: _____		

Company Name	Type of Business	Supervisor
Address - Street & Number	City, State, ZIP	Phone Number
Position - include title and responsibilities		
Dates employed: From _____ to _____		
Reason for leaving? _____		
Starting Pay _____ Ending Pay: _____		

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THIS EMPLOYMENT APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT, IF EMPLOYED, A FALSIFIED STATEMENT, WHETHER INTENTIONAL OR UNINTENTIONAL, ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I FURTHER UNDERSTAND AND AGREE THAT, IF EMPLOYED, THE EMPLOYMENT WILL BE **"AT WILL"**. THAT IS, EITHER I OR THE COMPANY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON OR FOR NO REASON. ALSO, I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR MAKE ANY AGREEMENT WITH ME TO CONTRACT TO THE FOREGOING. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY OR MEDICAL HISTORY. I CERTIFY THAT I HAVE NO OBJECTIONS TO THE FOLLOWING CONDITIONS CONCERNING MY EMPLOYMENT:

1. Available for overtime when scheduled
2. Submitting to a physical and/or drug examination when requested by the Company
3. Returning all Company issued items at the time of termination.
4. Abiding by the rules and regulations of the Company.
5. Available to work any shift and department, or any job when assigned by the Company at the prevailing rate at that time.

Did you complete this application yourself? Yes or No

If no, completed by _____

Signature of Applicant _____ Date _____