

EMPLOYMENT HISTORY
Starting with your most recent employer, provide the following information. Add additional sheets if necessary.

1	Company Name	Employed from ___/___/___ to ___/___/___
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Employed from ___/___/___ to ___/___/___
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Employed from ___/___/___ to ___/___/___
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Employed from ___/___/___ to ___/___/___
	State Job Title and Describe Your Work	Reason for Leaving
Please comment on any gaps in employment.		
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT:

Have you ever been disciplined, discharged, laid off, or asked to resign by another employer? Yes No
 If yes, please explain:

SKILLS / ABILITIES

<input type="checkbox"/> Certified forklift driver <input type="checkbox"/> Meat cutting experience <input type="checkbox"/> Meat processing experience <input type="checkbox"/> Shipping/Receiving experience	Describe any other applicable training: _____ _____
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Explain why you think the Company should hire you: _____

Chicago Meat Authority, Inc.
Invitation to Self-Identify - Race/Ethnicity, Sex, and Veteran Status

Chicago Meat Authority, Inc. is a Government contractor or subcontractor subject to laws including Executive Order 11246 (EO 11246) and the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (VEVRAA). These laws require that covered Government contractors and subcontractors take affirmative action to employ and advance in employment applicants and employees without regard to protected characteristics. Chicago Meat Authority, Inc. is also subject to certain governmental recordkeeping and reporting requirements. In order to comply with these requirements, we invite you to check the appropriate boxes below. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you provide will be kept confidential and will only be used in ways that are consistent with the law.

YOUR NAME (PRINT)

(LAST) (FIRST) (MIDDLE)

DATE: _____

SEX: Female Male I choose not to self-identify

RACE/ETHNICITY–Definitions below

VETERAN STATUS -Definitions below

Select one:

Select one:

Hispanic or Latino

I am a Protected Veteran

If not Hispanic or Latino, select one category below:

I am not a Veteran

White

I choose not to self-identify

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Two or More Races

I choose not to self-identify

RACE/ETHNICITY DEFINITIONS:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

Two or More Races (Not Hispanic or Latino): Persons who identify with two or more race categories named above

VETERAN STATUS DEFINITIONS:

Disabled Veteran: (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active duty wartime or campaign badge veteran: a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces service medal veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

CERTIFICATION OF EMPLOYMENT APPLICATION

(By signing below, you are certifying that you have read, fully understand and accept all terms of this application.)

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize **Chicago Meat Authority, Inc.** (the "Company") to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment, and authorize the employers listed in this application to disclose to the Company any and all letters, reports, and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in this application, or conveyed during any interview, which may or may not be granted, or during my employment, if I am hired, is intended to create a contract for continued employment between the Company and myself. Further, I understand and agree that if I am employed, my employment at the Company shall be at will, meaning that either I or the Company may terminate the employment relationship at any time, with or without cause or advance notice. At will employment also means that the Company may make decisions regarding other terms of employment, including but not limited to demotion, promotion, transfer, compensation, benefits, duties, and location of work at any time, with or without cause or advance notice.

I understand that this application relates only to the position I am applying for and only remains current for 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any offer of employment I may receive from the Company is contingent upon my successful completion of a background investigation and my agreement to sign Company documents confirming employment policies. Failure to consent to a background investigation, including a criminal background check, will be considered withdrawal of my employment application.

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of Applicant: _____

Date: _____

Printed Name of Applicant: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.