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Sleepy Eye, MN 56085  
Phone: (507) 794-5779  
Fax: (507) 794-5572  
hr@schwartzfarms.net



**SCHWARTZ FARMS, INC.**

168 North Main Street  
P.O. Box 306  
Leigh, NE 68643  
Phone: (402) 487-2517  
Fax: (402) 487-2212  
hr@schwartzfarms.net

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**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME

FIRST

MIDDLE

LAST

PRESENT  
ADDRESS

STREET

CITY

STATE

ZIP

LAND/HOME NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU 16 YEARS OF AGE OR OLDER?  YES  NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

DO YOU KNOW ANY TEAM MEMBER(S) AND/OR GROWER(S) OF SCHWARTZ FARMS? IF SO, LIST NAME(S).

HOW DID YOU HEAR ABOUT SCHWARTZ FARMS? \_\_\_\_\_

IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A MOTOR VEHICLE:

DO YOU HAVE A VALID DRIVERS LICENSE?  YES  NO

IF YES, WHAT STATE? \_\_\_\_\_

SCHWARTZ FARMS REQUIRES AN ACCEPTABLE DRIVING RECORD, WHICH IS DEFINED AS NO MAJOR CONVICTIONS IN THE LAST FIVE YEARS (SUCH AS DWI, RECKLESS, CARELESS, DRIVING WHILE LICENSE IS SUSPENDED OR REVOKED) AND NO MORE THAN: ONE ACCIDENT IN THE LAST THREE YEARS; **OR** TWO MINOR CONVICTIONS IN THE LAST THREE YEARS; **OR** ONE ACCIDENT AND ONE MINOR CONVICTION IN THE LAST THREE YEARS. DOES YOUR DRIVING RECORD MEET THIS REQUIREMENT?  YES  NO

POSITION DESIRED \_\_\_\_\_ PREFERRED START \_\_\_\_\_ SALARY EXPECTED \$ \_\_\_\_\_ PER \_\_\_\_\_

WHEN ARE YOU AVAILABLE TO WORK? (Check all the apply)  DAYS  NIGHTS  WEEKENDS  OTHER: \_\_\_\_\_

ARE YOU INTERESTED IN A FULL TIME OR PART TIME POSITION? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?  YES  NO

HAVE YOU WORKED AT SFI BEFORE?  YES  NO LOCATION: \_\_\_\_\_ WHEN: \_\_\_\_\_

DO YOU HAVE ANY EXPERIENCE WITH PIGS OR ANY OTHER LIVESTOCK?  YES  NO IF YES, EXPLAIN YOUR EXPERIENCE \_\_\_\_\_

ARE YOU CURRENTLY AN EMPLOYEE, INDEPENDENT CONTRACTOR OR ACTIVELY AFFILIATED WITH ANY ANIMAL ACTIVIST ORGANIZATION?  YES  NO IF YES, PLEASE PROVIDE FURTHER DETAILS:

EDUCATION	NAME, CITY & STATE OF SCHOOL	STILL ATTENDING? (Y/N)	DEGREE RECEIVED	MAJOR FIELD
HIGH SCHOOL				N/A
COLLEGE / TECHNICAL SCHOOL				
COLLEGE / TECHNICAL SCHOOL				

**EMPLOYMENT HISTORY** (List employment starting with most recent.)

DATE MONTH/YEAR	EMPLOYER NAME	CITY, STATE	COMPANY / CORPORATE PHONE NUMBER	POSITION AND DUTIES	REASON FOR LEAVING
FROM: _____ / _____ (month) (year)  TO: _____ / _____ (month) (year)  STARTING RATE: \$ _____ PER _____ LEAVING RATE: \$ _____ PER _____					
FROM: _____ / _____ (month) (year)  TO: _____ / _____ (month) (year)  STARTING RATE: \$ _____ PER _____ LEAVING RATE: \$ _____ PER _____					
FROM: _____ / _____ (month) (year)  TO: _____ / _____ (month) (year)  STARTING RATE: \$ _____ PER _____ LEAVING RATE: \$ _____ PER _____					
FROM: _____ / _____ (month) (year)  TO: _____ / _____ (month) (year)  STARTING RATE: \$ _____ PER _____ LEAVING RATE: \$ _____ PER _____					

Please explain any gaps or lack of employment. If multiple gaps, please identify timeline.

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Please list other qualifications or experiences that relate to your ability to perform the job for which you are applying. This may include experience gained in professional organizations, school, community activities or volunteer service. This information is voluntary. (You may exclude all information indicative of race, color, religion, sex, sexual preference, age, national origin, ancestry or disability.)

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**Must have 3 Professional References listed!**

**REFERENCES**

(Please list three **PROFESSIONAL** individuals who can provide information regarding your employment and/or educational background. Do not list immediate family members.)

FIRST & LAST NAME	CITY & STATE	ASSOCIATION	LAND LINE & CELL NUMBER	EMAIL	YRS KNOWN
1					
2					
3					

I authorize Schwartz Farms, Inc. to verify information related to my education, driving record (if applicable), criminal history, references and employment, and release from liability all persons or entities collecting or providing such information. I understand an offer of employment will be made contingent upon a favorable background check and drug test, upon which time further information will be provided. I certify that I am authorized to work in the United States. Upon hire, I further understand SFI will verify my eligibility of employment utilizing the E-verify program.

I understand that my employment is not guaranteed for any specific duration and, further, I understand that neither language contained in any other company documents nor any representations made by a member of management, whether orally or in writing, may be construed as altering the actual nature of my at-will employment.

I hereby certify that the information provided in this application is accurate and complete. I understand that any misrepresentation or omission may disqualify me from consideration for employment or may lead to my termination if hired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_