

32296 190th Street
 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

PERSONAL INFORMATION

NAME _____

First Last

PRESENT ADDRESS _____

Number & Street City State Zip Code

Contact Phone Number. _____

Email _____

Are you at least 18 years of age? Yes No (Minimum hiring age is 16 years old.)

Are you legally authorized to work in the United States? Yes No

SFI sponsors TN visas, which require qualifications related to the position. Degrees/studies may include veterinarian services, zoological services, biology, agronomy and maintenance. If you are seeking sponsorship, please list your university and degree: _____

How did you hear about Schwartz Farms? (If a current employee, list name.) _____

If the position for which you are applying requires operation of a motor vehicle:

SFI requires an acceptable driving record, which is typically defined as no major convictions in the last five years (such as DWI, reckless, driving while license is suspended or revoked). Does your driving record meet this requirement? Yes No

Position desired _____ Salary expected \$ _____ per _____

Are you interested in: Full-time Part-time

Will you treat others, the animals and your profession with respect, integrity, excellence, adaptability and innovation? Yes No

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Have you worked at Schwartz Farms before? Yes No Location: _____ When: _____

Do you have any experience with pigs or any other livestock? Yes No If yes, explain your experience:

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	CONTACT PHONE NUMBER	YRS KNOWN
1				
2				
3				

EMPLOYMENT HISTORY (List employment starting with most recent.)

EMPLOYMENT	EMPLOYER NAME	EMPLOYER CITY & STATE	EMPLOYER PHONE NUMBER	POSITION	REASON FOR LEAVING
From: _____/_____ (month) (year) To: _____/_____ (month) (year) Ending Rate: \$ _____ per _____					
From: _____/_____ (month) (year) To: _____/_____ (month) (year) Ending Rate: \$ _____ per _____					
From: _____/_____ (month) (year) To: _____/_____ (month) (year) Ending Rate: \$ _____ per _____					
From: _____/_____ (month) (year) To: _____/_____ (month) (year) Ending Rate: \$ _____ per _____					

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, 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 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 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: _____