



**APPLICATION FOR HOURLY EMPLOYMENT  
SOLICITUD DE EMPLEO POR HORAS**

**NOTICE TO APPLICANT**

This company is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability or other protected category. Reasonable accommodations will be made to ensure all applicants have access to the application process.

Yours is only one of a large number of applications received and processed by the company daily. Since not everyone can be hired, it is not our policy to contact unsuccessful applicants or to provide anyone, including the applicant, an explanation of why any particular applicant for employment was not successful. We attempt to match the applicant's qualifications with the essential functions of available openings at the time you apply. If you complete the application process and are not successful within 30 days, we invite you to reapply in the future, when your qualifications might be needed.

**INFORMACIÓN AL SOLICITANTE**

*Esta es una compañía de Igualdad de Oportunidad de Empleo. Nosotros no discriminamos según la raza, la religión, el color, el sexo, la edad, la nacionalidad de origen, la discapacidad u otra categoría protegida por la ley. Se harán acomodaciones razonables para asegurar que todos los solicitantes tengan acceso al proceso de selección.*

*La suya es solo una entre un gran número de solicitudes recibidas y procesadas por la compañía diariamente. Como no podemos contratar a todos los solicitantes, no es nuestra política comunicarnos con los solicitantes no seleccionados, o cualquier otra persona, para dar una explicación de por qué un solicitante no fue elegido. Nosotros intentamos igualar las cualificaciones del solicitante con las funciones esenciales de las vacantes disponibles en el momento en el que usted presenta su solicitud. Si usted completó el proceso de selección y no fue elegido en el plazo de 30 días, le invitamos a presentar una nueva solicitud en el futuro, cuando sus cualificaciones pudieran ser requeridas.*

**PLEASE COMPLETE BOTH SIDES OF THE APPLICATION  
POR FAVOR, RELLENE LOS DOS LADOS DE LA SOLICITUD**

**(PLEASE PRINT)  
(POR FAVOR, USE LETRA DE IMPRENTA)**

LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Apellido Primer nombre Segundo nombre Fecha

Position Applied For \_\_\_\_\_ Referred by \_\_\_\_\_  
Puesto solicitado Referido por

Social Security # \_\_\_\_\_ Referral Source: Newspaper  Employee Referral   
Número del Seguro Social Fuente de referencia Radio/TV  Workforce Center   
Billboard  Community Agency

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Teléfono Teléfono alternativo Correo electrónico

Present Address \_\_\_\_\_  
Domicilio actual NUMBER STREET CITY STATE ZIP  
Número Calle Ciudad Estado Código postal

How long at the present address? \_\_\_\_\_ How long at previous address? \_\_\_\_\_  
¿Cuánto tiempo lleva viviendo en el domicilio actual? ¿Cuánto tiempo vivió en el domicilio anterior?

Previous address \_\_\_\_\_  
Domicilio anterior NUMBER STREET CITY STATE ZIP  
Número Calle Ciudad Estado Código postal

<b>OFFICE USE ONLY</b>		Interviewer _____	
Position Applied For:		Disposition/Disposition Code: _____	
Production <input type="checkbox"/>	Maintenance <input type="checkbox"/>		
Application Received Date	____/____/____	Interview Date	____/____/____
Consideration Period End Date	____/____/____	Job Offer Date	____/____/____
Notes: _____			

Are you 18 years of age or older? Yes  No   
¿Es usted mayor de 18 años? Sí No

Are you authorized to work in this country? Yes  No   
¿Está autorizado para trabajar en este país? Sí No

Have you ever been convicted of any felony? Yes  No   
¿Ha sido condenado alguna vez por un delito? Sí No

When? \_\_\_\_\_ Where? \_\_\_\_\_  
¿Cuándo? ¿Dónde?

Type and description of offense \_\_\_\_\_  
Tipo de delito y descripción

Were you ever employed by this Company at any location (including Swift, ConAgra or Monfort)? Yes  No   
¿Ha estado usted empleado alguna vez en esta Compañía en cualquiera de sus localidades (incluyendo Swift, ConAgra o Monfort)? Sí No

When? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_  
¿Cuándo? ¿Dónde? ¿Por cuánto tiempo?

What was the reason for your separation from employment? \_\_\_\_\_  
¿Cuál fue la razón por la que dejó el empleo?

Name(s) of any relative(s) who work for this Company \_\_\_\_\_ Where employed? \_\_\_\_\_  
Nombre(s) de cualquier familiar(es) que trabaje(n) en esta compañía ¿Dónde está(n) empleado(s)?

Are you currently employed? \_\_\_\_\_  
¿Está usted empleado actualmente?

Current employer's name and phone number \_\_\_\_\_  
Nombre y número de teléfono de su empleador

If hired, when can you report to work? \_\_\_\_\_  
Si fuera contratado, ¿cuándo podría empezar a trabajar?

Are you available to work any shift (day or night)? Yes  No   
¿Está usted disponible para trabajar en cualquier turno (día o noche)? Sí No

Person to be notified in case of emergency \_\_\_\_\_ Relation to you \_\_\_\_\_  
Persona a contactar en caso de emergencia Relación con usted

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dirección Teléfono

**WORK HISTORY (LIST IN ORDER – PRESENT OR MOST RECENT EMPLOYER FIRST)**  
**HISTORIAL DE TRABAJO (ESCRIBA EL TRABAJO MÁS RECIENTE PRIMERO)**

(Complete this section even if you are submitting a résumé. Please include at least the past 10 years of work experience.)  
(Rellene esta sección aunque entregue un resumen. Por favor, incluya los últimos 10 años de experiencia laboral)

Month and Year Mes y año		Present or Most Recent Employer Empleo actual o más reciente	Rate of Pay Pago por hora		Supervisor
From Desde	To Hasta	Name _____ Nombre	Start Al inicio	Finish Al final	Name _____ Nombre
		Address _____ Dirección			Title _____ Título
		City, State _____ Ciudad, Estado			Phone No. _____ Teléfono

Job Title and Summary of Duties  
Título del trabajo y resumen de las funciones

Reason for Leaving  
Razón por la que dejó este empleo

May We Contact?  Yes  No  
¿Podemos comunicarnos con este empleador? Sí No

Month and Year Mes y año		Present or Most Recent Employer Empleo actual o más reciente	Rate of Pay Pago por hora		Supervisor
From Desde	To Hasta	Name _____ Nombre _____ Address _____ Dirección _____ City, State _____ Cuidad, Estado _____	Start Al inicio	Finish Al final	Name _____ Nombre _____ Title _____ Titulo _____ Phone No. _____ Teléfono _____

Job Title and Summary of Duties  
 Título del trabajo y resumen de las funciones

Reason for Leaving  
 Razón por la que dejó este empleo

May We Contact?  Yes  No  
 ¿Podemos comunicarnos con este empleador? Sí No

Month and Year Mes y Año		Present or Most Recent Employer Empleo actual o más reciente	Rate of Pay Pago por Hora		Supervisor
From Desde	To Hasta	Name _____ Nombre _____ Address _____ Dirección _____ City, State _____ Cuidad, Estado _____	Start Al inicio	Finish Al final	Name _____ Nombre _____ Title _____ Titulo _____ Phone No. _____ Teléfono _____

Job Title and Summary of Duties  
 Título del trabajo y resumen de las funciones

Reason for Leaving  
 Razón por la que dejó este empleo

May We Contact?  Yes  No  
 ¿Podemos comunicarnos con este empleador? Sí No

**EDUCATIONAL BACKGROUND (Please complete all sections that apply.)**  
**FORMACIÓN (Por favor, rellene las secciones pertinentes.)**

TYPE OF SCHOOL ESCUELA	NAME, CITY AND STATE OF SCHOOL NOMBRE, CUIDAD Y ESTADO DE LA ESCUELA	COURSE OR MAJOR CURSOS O ESPECIALIZACIÓN	GRADUATED ¿SE GRADUÓ?
Grade School/Middle School Primaria / Secundaria			<input type="checkbox"/> Yes <input type="checkbox"/> No Sí No
GED			<input type="checkbox"/> Yes <input type="checkbox"/> No Sí No

High School Preparatoria			<input type="checkbox"/> Yes <input type="checkbox"/> No Sí No
College Universidad	Overall GPA: Promedio total de calificaciones		<input type="checkbox"/> Yes <input type="checkbox"/> No Sí No Type of Degree Carrera que cursó
Post Graduate Posgrado	Overall GPA: Promedio total de calificaciones		<input type="checkbox"/> Yes <input type="checkbox"/> No Sí No Type of Degree Carrera que cursó
Business or Trade Formación Profesional u Oficio			<input type="checkbox"/> Yes <input type="checkbox"/> No Sí No

**DESCRIBE ANY OTHER WORK EXPERIENCE WHICH SHOULD BE CONSIDERED** \_\_\_\_\_

*Describe cualquier otra experiencia laboral que debería ser considerada:*

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**HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY JOB?**

*¿Ha sido usted despedido o le han pedido que renuncie de algún trabajo?*

YES  NO

Sí No

**EXPLAIN** \_\_\_\_\_

*Explique*

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**Please carefully read the following:**

I understand that false information or the omission of information on this application or in the application process, including physical ability assessment (as permitted by law), constitutes grounds for termination of employment.

In making this application for employment, I understand that an investigation may be made whereby information is obtained through personal interviews with my former employer(s), teacher(s), and others with whom I am acquainted.

I agree to conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either the option of the Company or myself. I understand that no manager or representative of the Company, other than the President of the Company, had any authority to enter into any agreement for my employment for any specified period of time, or to make any agreement contrary to the foregoing.

As a condition of my employment by the Company, I hereby consent to provide samples of my urine for analysis (where permitted by law) when reasonably requested during the course of my employment.

I understand that any offer of employment by any agent of the Company is conditional upon completion of the entire application process including but not limited to an interview, drug and alcohol testing (where permitted by law), physical ability assessment (as permitted by law), etc. JBS complies with the requirements of the Immigration Reform and Control Act of 1986. Part of the terms of this act requires that all employees establish their identity and eligibility to work in the United States. JBS also participates in the E-Verify Program to verify the employment eligibility of all newly hired employees, regardless of citizenship.

By signing this application form I acknowledge that I have read and understand fully the all the above and that I voluntarily give my consent and submit myself to the application process as stated.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest in JBS. Please be aware that JBS is an equal opportunity employer, we are unable to offer employment to everyone who applies. Applicants are selected based on our hiring needs at or around the time of application and consideration of your qualifications, past work history and the interview itself.

**Por favor, lea lo siguiente cuidadosamente:**

Revised 1/1/2015

Yo entiendo que la información falsa o la omisión de información en esta solicitud, o en el proceso de selección, incluyendo la evaluación de habilidad física (según lo permitido por la ley), constituye un motivo para la terminación del empleo.

Al llenar esta solicitud de empleo, yo entiendo que se puede llevar a cabo una investigación por la cual se obtendrá información mediante entrevistas personales con mi(s) empleador(es) anterior(es), profesores y otras personas que me conozcan.

Yo estoy de acuerdo en cumplir con las normas y reglamentos de la Compañía, y entiendo que mi empleo y compensación pueden ser terminados, con o sin causa, y con o sin previo aviso, en cualquier momento, ya sea por decisión de la Compañía o por la mía propia. Entiendo que ningún gerente o representante de la Compañía, que no sea el Presidente de la Compañía, tiene la autoridad para hacer ningún acuerdo para mi empleo por un periodo de tiempo determinado, o que sea contrario a lo anteriormente expuesto.

Como una condición de empleo en la Compañía, por medio de la presente yo doy mi consentimiento a proporcionar muestras de orina para su análisis (donde lo permita la ley) cuando sea requerido razonablemente durante el curso de mi empleo.

Entiendo que cualquier oferta de empleo por cualquier agente de la Compañía será condicional hasta terminar el proceso completo de selección que incluye, pero no está limitado a, una entrevista, un prueba de alcohol y drogas (donde lo permita la ley), una evaluación de habilidad física (según lo permitido por la ley), etc. JBS cumple con los requisitos de la Reforma de Inmigración y del Decreto de Ley de 1986. Parte de los términos de esta ley requiere que todos los empleados acrediten su identidad y su elegibilidad para trabajar en los Estados Unidos. JBS también participa en el programa de E-Verify para verificar la elegibilidad de empleo de todos los nuevos empleados, independientemente de su ciudadanía.

Al firmar esta solicitud, yo reconozco que he leído y que comprendo totalmente todo lo anterior, y que doy mi consentimiento voluntariamente y me someto al proceso de selección como se ha indicado.

Firma del Solicitante \_\_\_\_\_ Fecha \_\_\_\_\_

Gracias por su interés en JBS. Por favor, tenga en cuenta que JBS es un Compañía que ofrece Igualdad de Oportunidad de Empleo, y no somos capaces de ofrecer empleo a todos los que lo solicitan. Los solicitantes son elegidos según nuestra necesidad de contratación en o alrededor del momento de la solicitud y considerando sus cualificaciones, historial de trabajo y la entrevista.

**TRANSLATOR CERTIFICATION:** (To be completed and signed if application is completed by a person other than the applicant.)  
I attest, that I have assisted in the completion of this form; that the information is true and correct; and that I fully translated all questions including the acknowledgement on this page.

Preparer/Translators Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**JBS (and all of their associated subsidiaries and divisions) are Equal Opportunity Employers**  
*JBS (incluyendo todas sus divisiones y subsidiarias asociadas) es una Compañía de Igualdad de Oportunidad de Empleo*  
**THIS APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS**  
**ESTA SOLICITUD PERMANECERÁ VIGENTE POR 30 DÍAS**



## VOLUNTARY SELF-IDENTIFICATION

The information requested below is used by JBS only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH JBS.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will not affect your employment opportunities with JBS, which is an equal employment opportunity employer.

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Job Applied For: \_\_\_\_\_

Referral Source: \_\_\_\_\_

### Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Two or More Races
- I do not wish to disclose this information**

### Gender:

- Male
- Female
- I do not wish to disclose this information**

## Veteran Status:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - 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
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means 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.
- An "active duty wartime or campaign badge veteran" means 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.
- An "Armed forces service medal veteran" means 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.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I AM NOT A VETERAN
- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I DO NOT WISH TO DISCLOSE THIS INFORMATION

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 8 of 9

### 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.<sup>1</sup> 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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 (print)

\_\_\_\_\_  
Today's Date

Effective 1/1/2015



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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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.