

**SHINNERS MEATS, INC.**

d/b/a K & J House of Meats  
2130 North Holland Sylvania Road  
Toledo, Ohio 43623

PH: (419) 536-5920 Fax: (419) 536-5923

**Application for Employment**  
**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

**Today's Date\***

**Position Applying For\***

**Preferred Store Location\***

**Name\***

**First Name**

**Middle Name**

**Last Name**

**Address\***

City

State

ZIP Code

**Home Phone\***

**Cell Phone**

**Email\***

**Social Security Number**

**Employment Desired\***

 Full-time Part-time Temporary

**When can you start work?\***

**Are you 18 or older?\***

 Yes No

**I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.\***

 Yes No

**Have you ever applied here before?\***

 Yes No

**If yes, when?**

**Where you ever employed here?\***

Yes No

**If yes, when?**

**Do you have any relatives currently working here? \***

 Yes No

**If yes, who?**

**Have you ever been convicted of a felony? \***

 Yes No

**If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.**

(Answering "Yes" does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying is also considered)

**Are you currently engaged in, or have in the past, engaged in illegal drug use? \***

 Yes No

**Are you currently on "lay-off" status and subject to recall? \***

 Yes No

**Can you travel if a job requires it? \***

 Yes No

If you are applying for a specific job for which a job description was provided, are you able to perform the stated essential job functions with or without reasonable accommodations?\*

Yes

No

## Education

Type of School\*

High School or GED

Vocational or Technical

College or University

Graduate or Professional

Year of Completion\*

List all Schools Attended\*

List all Diplomas, Degrees, or Certifications\*

## Special Skills

**What skills, training, certification or licenses do you have that are related to the job tbr which you are applying?**

**\***

**What machines or equipment can you operate that are related to the job fo which you ate applying? Please also include the years of experience for each.\***

**Do you have a valid driver's license?**

Yes

No

For Driving Jobs Only

**If yes, What is your Driver's License Number and the Class of the License?**

**Have you had your driver's license suspended or revoked in the last 3 years?**

Yes

No

For Driving Jobs Only

**If yes, Provide Details**

**Do you have a CDL endorsement?**

Yes

No

For Driving Jobs Only

**If yes, what class?**

**List any professional, trade, business, or civic activities you are involved with that you consider relevant to your ability to perform your job:\***

List names of employers, in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of employment. If self-employed, give firm name and supply business references, PLEASE GIVE MONTH AND YEAR.

**Name of Employer**

**Supervisor**

**Address**

**City**

**State**

**ZIP Code**

**List Starting and Ending Dates**

Please list MONTH and YEAR

**Short Answer**

**Please list Starting Pay and Ending Pay**

**Reason for Leaving**

**Work History**

List names of employers, in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of employment. If self-employed, give firm name and supply business references, PLEASE GIVE MONTH AND YEAR.

**Name of Employer**

**Supervisor**

**Address**

**City**

**State**

**ZIP Code**

**List Starting and Ending Dates**

Please list MONTH and YEAR

**Title**

**Please list Starting Pay and Ending Pay**

**Reason for Leaving**

**Work History.**

List names of employers, in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of employment. If self-employed, give firm name and supply business references, PLEASE GIVE MONTH AND YEAR.



**Name of Employer**

**Supervisor**

**Address**

**City**

**State**

**ZIP Code**

**List Starting and Ending Dates**

Please list MONTH and YEAR

**Title**

**Please list Starting Pay and Ending Pay**

**Reason for Leaving**

**Work History.**

List names of employers, in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of employment. If self-employed, give firm name and supply business references, PLEASE GIVE MONTH AND YEAR.

**Name of Employer**

**Supervisor**

**Address**

City

State

ZIP Code

**List Starting and Ending Dates**

Please list MONTH and YEAR

**Title**

**Please list Starting Pay and Ending Pay**

**Reason for Leaving**

**Are you presently employed?\***

 Yes No

**If yes, whom do you suggest we contact?**

**Have you ever been fired from a job or asked to resign?\***

 Yes No

**If yes, please explain.**

## References

Give three references who are not relatives or former employers.

**Name\***

First Name

Last Name

**Address\***

City

State

ZIP Code

**Phone\***

**Email**

**Name\***

First Name

Last Name

**Address\***

City

State

ZIP Code

**Phone\***

**Email**

**Name\***

First Name

Last Name

**Address\***

City

State

ZIP Code

**Phone\***

**Email\***

I CERTIFY that the information provided on this application is true, accurate and complete to the best of my knowledge. I understand that incomplete, false or misleading information on this application or other employer records shall be grounds for denial of employment or immediate termination of employment, regardless of when or how it was discovered. My signature below means I have read, understand and/or consent to the following statements:

I AUTHORIZE: (1) Shinners Meats, Inc. and its Affiliates and Agents to investigate, the information that I have provided on this Application including, but not limited to, my previous education, employment, experience and character; (2) those persons, schools and companies referenced in this Application to freely provide information to Shinners Meats, Inc. and its Affiliates and Agents, through which I hereby release each of these persons and companies which provide or receive information about me from any and all liability for any damage that may result from furnishing such information; (3) those persons, schools and companies referenced in this Application to accept a photocopy or facsimile copy of this page as my consent and release of liability for providing all requested information, including transcripts, to Shinners Meats, Inc. and its Affiliates and Agents; and, (4) Shinners Meats, Inc. and its Affiliates and Agents to request and receive a copy of my (i) driving records and (ii) any criminal records I may have.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer reporting agency. If such a report is sought, I agree to sign a separate consent form in compliance with the Fair Credit Reporting Act, 15 U.S.C. § 1681(u). This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I UNDERSTAND that any offer of employment is contingent on my ability to provide proof that I am legally authorized, to work in the United States.

I AGREE, in consideration of my employment, to conform to all company rules and regulations and understand that these rules and regulations are subject to change from time to time at the employer's unilateral discretion.

I UNDERSTAND that all employer property must be returned and any indebtedness to the employer must be paid on or before my last day of work. I authorize the employer to deduct from my final paycheck, an amount necessary to satisfy any unpaid obligation.

I UNDERSTAND as a final step in the hiring process, I may be subject to a post-offer, pre-employment, medical examination. If a job offer is made, it is contingent upon the success of this employment entrance medical examination. If this examination is required, I agree to sign all necessary consent forms.

I UNDERSTAND and consent to any and all drug or alcohol testing which I may be subjected to by the employer, whether it is pre-offer, post-offer but pre-employment, or at any time during my employment if I am hired. This testing may be random, mandatory, incident specific or based on the employer's reasonable suspicion. I further understand that my participation in the employer's drug testing program, which includes me signing all necessary consent forms,

is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.

I UNDERSTAND that I do not have any expectation of privacy if employed and that all information and data, in any form, paper, electronic or otherwise, produced, possessed or reviewed at work is subject to review by the employer. Similarly, I understand that anything on company property is subject to search or surveillance, including but no limited to my person, vehicle, work area, locker, desk and electronic files.

I UNDERSTAND and agree that my employment is at the will of the employer and thus, it may be terminated at any time with or without prior notice, with or without cause, at the option of the employer or myself. I understand that no representative of the employer, other than the President, has authority to enter into any agreement contrary to the foregoing. I further understand that any agreement contrary to the foregoing must be in writing and signed by myself and the President to be effective.


**Signature\***

[\[clear\]](#)

Use your mouse or finger to draw your signature above

**Date/Time\***

  :

 Form secured by [Formstack](#)

**Submit Form**