



## PILGRIM'S APPLICATION FOR EMPLOYMENT

### WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It has been and will continue to be the policy of Pilgrim's to be an equal opportunity employer. Our objective is to recruit, hire, train and promote into all job levels the most qualified applicants in compliance with applicable federal, state and local laws, rules and regulations.

### Notice To All Applicants

Applications for hourly positions will be considered active for 30 days. To be considered for a position, you must fill out this application and sign the "Certification and Agreement" at the end of this application. In addition, if you accept a job offer, you must pass a drug and alcohol screening test as a condition of employment. Please print clearly in ink.

### PERSONAL

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State County Zip Code

How many years have you lived at this address? \_\_\_\_\_ Home Phone No. (\_\_\_\_) \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Personal e-mail address: \_\_\_\_\_

Previous Address \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
No. Street City State Zip Code

Do you have the legal right to work in the United States?  Yes  No Are you at least 18 years of age?  Yes  No

Job applied for: \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work:  Full-time  Part-time  Temporary Available for:  Days  Evenings  Nights  Weekends

Can you travel? \_\_\_\_\_ What percentage of time? \_\_\_\_\_ Are you willing to relocate? \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

If hired, on what date will you be available to work? \_\_\_\_\_

Do you have any special experiences, skills or qualifications that make you a good fit for a job with the company? If so, list: \_\_\_\_\_

### OFFICE USE ONLY

#### Position Applied For:

Production  Maintenance

Application Received Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Consideration Period End Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_

Disposition/Disposition Code: \_\_\_\_\_

Interview Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Job Offer Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you ever served in the Armed Forces?  Yes  No If yes, which branch? \_\_\_\_\_

Rank at discharge? \_\_\_\_\_ What were your major duties in the service (include special training and duty).

**WORK HISTORY (LIST IN ORDER – PRESENT OR MOST RECENT EMPLOYER FIRST)**

(Complete this section even if you are submitting a resume. Please include at least the past 10 years of work experience.)

Month and Year		Present or Most Recent Employer	Rate of Pay		Supervisor
From	To		Start	Finish	Name _____
		Name _____ Address _____ City, State _____			Title _____ Phone No. _____
Job Title and Summary of Duties					
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Month and Year		Employer	Rate of Pay		Supervisor
From	To		Start	Finish	Name _____
		Name _____ Address _____ City, State _____			Title _____ Phone No. _____
Job Title and Summary of Duties					
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Month and Year		Employer	Rate of Pay		Supervisor
From	To		Start	Finish	Name _____
		Name _____ Address _____ City, State _____			Title _____ Phone No. _____
Job Title and Summary of Duties					
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Month and Year		Employer	Rate of Pay		Supervisor
From	To		Start	Finish	Name _____
		Name _____ Address _____ City, State _____			Title _____ Phone No. _____
Job Title and Summary of Duties					
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Month and Year		Employer	Rate of Pay		Supervisor
From	To		Start	Finish	Name _____
		Name _____ Address _____ City, State _____			Title _____ Phone No. _____
Job Title and Summary of Duties					
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**EDUCATIONAL BACKGROUND** (Please complete all sections that apply.)

TYPE OF SCHOOL	NAME, CITY AND STATE OF SCHOOL	COURSE OR MAJOR	GRADUATED
Grade School			<input type="checkbox"/> Yes <input type="checkbox"/> No
GED			<input type="checkbox"/> Yes <input type="checkbox"/> No
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College	Overall GPA:		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree
Post Graduate	Overall GPA:		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Degree
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT CERTIFICATION AND AGREEMENT**

*Please read carefully and sign below.*

I certify that the information contained in this application is true to the best of my knowledge. I understand that any false statements or omission of information on this application may result in the rejection of my application for employment with Pilgrim's or, if I am employed by Pilgrim's, may result in the termination of my employment.

Upon receiving an employment offer, I am prepared to provide the company with a separate written authorization, as is required in many states, to make any investigation of my personal, work, financial, criminal record and credit check by an investigative or credit agency or by the company. If required for the job, the separate authorization will be valid not only at the time of my application for employment, but is a continuous authorization good throughout my employment with Pilgrim's or any subsidiary thereof. I release former employers, their companies and any other parties from all liability for any damage that may result in responding to inquiries and releasing information in connection with my application.

Also, as an aid to fully comply with federal and state employment laws, I authorize Pilgrim's to contact any government agency including, but not limited to, the Social Security Administration and U.S. Citizenship and Immigration Services to verify employment eligibility and/or document validity.

As an applicant or employee of Pilgrim's, I understand that I am subject to the company's Policy of Arbitration of Employment Related Disputes. Under that policy, except in limited situations, the company and I agree to resolve any dispute concerning my employment in arbitration as opposed to a court of law. By signing below, I agree to the terms of such policy and to arbitrate any dispute between me and the company.

**I UNDERSTAND THAT I AM EMPLOYED ON AN AT-WILL EMPLOYMENT BASIS MEANING THAT EITHER I OR THE COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT REASON, NOTICE OR CAUSE. I UNDERSTAND THAT IF I AM EMPLOYED BY PILGRIM'S, MY EMPLOYMENT CAN BE AFFECTED BY SUCH FACTORS AS BUSINESS OR ECONOMIC CONDITIONS, CHANGES IN COMPANY POLICIES, MY JOB PERFORMANCE, ETC. I ALSO UNDERSTAND THAT I MAY CHOOSE TO LEAVE THE COMPANY ON MY OWN ACCORD.**

I further understand that all job offers are contingent upon a satisfactory result of a drug and alcohol screening test, which will be administered following my acceptance of the contingent job offer.

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

## Supplemental Application for Employment as a Driver

**Complete this page ONLY if you are applying for a job which requires you to operate a motor vehicle.**

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

Date of Birth: \_\_\_\_\_ Can you provide proof of age?  Yes  No

*(Required for Commercial Drivers)*

In any of the previous jobs you listed earlier in this application, were you subject to the FMCSRs while employed?  Yes  No  
*(The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 16 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placards.)*

In any of your previous jobs, was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?  Yes  No

**DRIVER LICENSES OR PERMITS** List all held in the past three years. Attach additional sheets as necessary.

State	License No.	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has your license, permit or privilege ever been suspended or revoked?  Yes  No

If you answered yes to either of the above questions, please give details. \_\_\_\_\_

**DRIVING EXPERIENCE**

Class of Equipment (Check Yes or No)	Type of Equipment (Circle type)	Dates		Approximate No. of Miles (Total)
		From (mm/yy)	To (mm/yy)	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor & Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor – two trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor – three trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Motorcoach – school bus <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Other: _____	Van, Tank, Flat, Dump, Reefer			

List states operated in for the past five years. \_\_\_\_\_

List any trucking, transportation or other experience, courses or training not previously mentioned that you have that may help you in your job as a driver for the company. \_\_\_\_\_

List special equipment or technical materials you can work with that has not been mentioned previously. \_\_\_\_\_

**ACCIDENT RECORD** List any accidents that occurred during the past three years. (Attach additional sheets if necessary.)

Accident Date (begin with most recent)	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities?	Injuries?	Hazardous Materials Involved?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TRAFFIC CONVICTIONS/FORFEITURES** Record any that occurred during the past three years other than parking violations.

Location	Date	Charge	Penalty

I understand that information I have provided regarding current and/or previous employers may be used, and the employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to review the information provided by previous employers; have errors in the information corrected by the previous employers and for those previous employers to resend the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

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