

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation and/or interview process should notify a representative of the organization. Date:

Applicant Name:	West Control of Control			
osition(s) applied for or type of work	desired:			
Address:				
Telephone #:	Social Se	curity #:		
Type of employment desired:	full-time	part-t	ime	temporary
Date you will be available to start work	k:	Desired S	alary Range:	
Driver's license number (if driving is a	iii essericiai joo dory)			
Names & relationship of relatives curre	ently employed here.			
How were you referred to us?				No
to meet the attendance t	requirements?	-	Yes	No
Do you have any objection to working overtime if necessary.			No No	
Can you traval if required by this DOSI	DOUL		Yes	No
Have you ever been previously emplo Can you submit proof of legal employ	ment authorization a	nd identity?	Yes	No
of war are under 18 can you furnish a	a work permit if it is i	edan ear	Yes	No
have convicted of a CT	ime in the last / year	31	Yes	
If yes, please explain (a conviction wi	ill not automatically b	ar employment	:):	
Employment History Please provide all employment inform	nation for your past fo	our employers	starting with th	ne most recer
Employment History Please provide all employment inform	nation for your past fo	our employers : _ Position Held:	starting with th	
Employment History Please provide all employment inform Employer: Address:	nation for your past fo	our employers : Position Held:	starting with th	ne most recer
Employment History Please provide all employment inform Employer: Address:	nation for your past fo	our employers : Position Held: Tele	phone:	
Employment History Please provide all employment inform	nation for your past fo	our employers : Position Held: Tele	phone:	
Employment History Please provide all employment inform Employer: Address: Immediate supervisor and title:	nation for your past fo	our employers : Position Held: Tele	phone:	
Employment History Please provide all employment inform Employer: Address: Immediate supervisor and title: Dates employed: from	nation for your past fo	our employers : Position Held: Tele Summary:	phone:	
Employment History Please provide all employment inform Employer: Address: Immediate supervisor and title: Dates employed: from	nation for your past fo	Position Held: Tele Summary: Position Held:	phone:	
Employment History Please provide all employment inform Employer: Address: Immediate supervisor and title: Dates employed: from	nation for your past fo	Position Held: Tele Summary: Position Held:	phone:	
Employment History Please provide all employment inform Employer: Address: Immediate supervisor and title: Dates employed: from	nation for your past fo	Position Held: Tele Formary: Position Held:	phone: salary: ephone: Salary:	



Krehbiels Specialty Meats, Inc. 1636 Mohawk Road • McPherson, KS 67460 Tel: 1-620-241-0103 • Fax: 1-620-241-0106 www.ksmi-meats.com

Employer:	Position Held:
Address:	Telephone:
mmediate supervisor and title:	Salary:
Dates employed: from	to Job Summary:
Reason for leaving:	
Other Skills and Qual Summarize any job-related train	lifications ining, skills, licenses, certificates and/or other qualifications:
Educational History List school name and location, High School:	years completed, course of study and any degrees earned:
College:	
Technical Training:	
Other: References Ust 3 references' names, telepho	one numbers, and years known (do not include relatives or employers):
References List 3 references' names, telepho	imployer to contact, obtain, and verify the accuracy of information contained in
References List 3 references' names, telepho I hereby authorize the potential enthis application from all previous e	molecular to contact, obtain, and verify the accuracy of information contained in
References List 3 references' names, telepho I hereby authorize the potential en this application from all previous e liability the potential employer and employment decisions and all othe	imployer to contact, obtain, and verify the accuracy of information contained in employers, educational institutions, and references. I also hereby release from the representatives for special or athering, and using such information to make
References Ust 3 references' names, telephoral services authorize the potential error this application from all previous eliability the potential employer and employment decisions and all othe 1 understand that any misrepreser cause for cancellation of this application of this application of the potential employeed. If I am employeed, I acknowledge to constitute an agreement or contra	imployer to contact, obtain, and verify the accuracy of information contained in imployers, educational institutions, and references. I also hereby release from distributions for seelding, gathering, and using such information to make er persons or organizations for providing such information.
References List 3 references' names, telepho I hereby authorize the potential en this application from all previous e liability the potential employer and employment decisions and all othe I understand that any misrepreser cause for cancellation of this applic may be discovered. If I am employed, I acknowledge t constitute an agreement or contra relationship at will, with or without law. I understand that it is the policy of	imployer to contact, obtain, and verify the accuracy of information contained in employers, educational institutions, and references. I also hereby release from districtives for seeking, gathering, and using such information to make er persons or organizations for providing such information. Intation or material omission made by me on this application will be sufficient cation or immediate termination of employment if I am employed, whenever it that there is no specified length of employment and that this application does not content for employment. Accordingly, either I of the employer can terminate the
References Ust 3 references' names, telepho I hereby authorize the potential enthis application from all previous eliability the potential employer and employment decisions and all othe I understand that any misrepresencause for cancellation of this application may be discovered. If I am employed, I acknowledge to constitute an agreement or contrarelationship at will, with or without law. I understand that it is the policy of qualified individual with a disability the ADA. Laiso understand that if I am employed.	imployer to contact, obtain, and verify the accuracy of information contained in employers, educational institutions, and references. I also hereby release from disseparatives for seeking, gathering, and using such information to make er persons or organizations for providing such information. Intation or material omission made by me on this application will be sufficient cation or immediate termination of employment if I am employed, whenever it that there is no specified length of employment and that this application does not control to remployment. Accordingly, either I of the employer can terminate the trause, at any time, so long as there is no violation of applicable federal or state of this organization not to refuse to hire or otherwise discriminate against a y because of that person's need for a reasonable accommodation as required by blooved, I will be required to provide satisfactory proof of identity and legal work eing hired. Failure to submit such proof within the required time shall result in
References List 3 references' names, telephology authorize the potential enthis application from all previous eliability the potential employer and employment decisions and all other 1 understand that any misrepreser cause for cancellation of this application application of this application application of the policy of the constitute an agreement or contrarelationship at will, with or without law. 1 understand that it is the policy of qualified individual with a disability the ADA. 1 also understand that if I am empauthorization with three days of be immediate termination of employing the services.	imployer to contact, obtain, and verify the accuracy of information contained in employers, educational institutions, and references. I also hereby release from disseparatives for seeking, gathering, and using such information to make er persons or organizations for providing such information. Intation or material omission made by me on this application will be sufficient cation or immediate termination of employment if I am employed, whenever it that there is no specified length of employment and that this application does not control to remployment. Accordingly, either I of the employer can terminate the trause, at any time, so long as there is no violation of applicable federal or state of this organization not to refuse to hire or otherwise discriminate against a y because of that person's need for a reasonable accommodation as required by blooved, I will be required to provide satisfactory proof of identity and legal work eing hired. Failure to submit such proof within the required time shall result in