



The Chicken of Choice.™

EMPLOYMENT APPLICATION

LOCATIONS:

Case Farms- Canton Complex
1925 30th Street NE
Canton, Ohio 44705

Case Farms- Morganton Complex
121 Rand Street
Morganton, NC 28655

Case Farms- Goldsboro Complex
330 Pecan Road
Dudley, NC 28333

Case Farms- Winesburg Complex
1818 County Road 160
Winesburg, Ohio 44690

Case Farms- Corporate Office
385 Pilch Road
Troutman, NC 28166

www.CaseFarms.com

AN EQUAL OPPORTUNITY EMPLOYER

CASE FARMS POLICY ACCEPTANCE

For the following questions, please be sure that you are interested in the shift and the position you chose. Once the interview is over, you may not change your selection until your 90 days probation period is over. If you choose "any" on the position desired spot, understand that we will only consider you for open hourly labor positions.

SHIFT DESIRED:

_____ First _____ Third

POSITION DESIRED:

_____ Front Half _____ Leg De-bone _____ Live Hang _____ Evisceration _____ Any

Other: _____

Are you being referred to us by a Case Farms employee? _____ YES _____ NO

Employee Name: _____ Department or Shift: _____

By signing below, you are stating that you understand the choices you have made. By signing, you are also stating that you understand you will not be eligible to ask for a transfer out of your chosen shift until your 90 days are up. Signing this does not guarantee a shift or department change after 90 days because transfers are handled based on availability and eligibility.

SIGNATURE: _____ **DATE:** _____

PRINT YOUR NAME: _____

APPLICATION FOR EMPLOYMENT

Case Farms does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, handicap or disability, disabled veteran status or any other legally protected status. No question on the application is intended to secure information to be used for such discrimination.

Case Farms may investigate the accuracy of the data provided in the application process. This investigation may include, but is not limited to, reference checking with past employers, military, schools, appropriate volunteer agencies, police and other government agencies. Applications which are illegible, incomplete or older than 60 days will not normally be given consideration.

PERSONAL INFORMATION:

Name: _____ Date: _____

Social Security #: _____ Phone #: _____

Present Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address: _____

Previous addresses (if address has changed during the last 5 years): _____

City: _____ State: _____ Zip: _____

Are you 18 years old or older? Yes No

What position(s) are you applying for? _____

Have you ever been employed by Case Farms before? Yes No If yes, list date/year: _____

If hired, can you verify your legal right to work in the United States (e.g. Driver's license, passport, visa, green card)?

Yes No

Have you ever worked in poultry processing? Yes No If yes, where: _____

Please list any special training, experience, skills and qualifications that you feel may be helpful to us when considering you for employment: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name: _____ Address: _____ PH #: _____ Relationship: _____

MILITARY SERVICE RECORD:

Completion of this section of the application is optional. Leave this section blank if you do not wish to answer these questions regarding military service.

Have you ever served in the armed forces? Yes No

If yes, what branch? _____ Dates of duty: _____

FRIENDS (OR) RELATIVES IN OUR EMPLOYMENT:

NAME	RELATIONSHIP	DEPARTMENT

PERSONAL REFERENCES:

NAME	RELATIONSHIP	OCCUPATION/ TEL. No.

EDUCATIONAL BACKGROUND:

TYPE OF SCHOOL	NAME & ADDRESS	GRADUATED?	YEARS ATTENDED	COURSES OR MAJOR
GRAMMAR / GRADE				
HIGH SCHOOL				
COLLEGE				
BUSINESS \ TRADE				

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST):

NAME & ADDRESS OF EMPLOYER	FROM	TO	START PAY	FINISH PAY	JOB TITLE	SUPERVISOR'S NAME & TITLE	REASON FOR LEAVING

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as the position for which you are applying, the age and time of the offense, when it occurred, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR JOB RELATED CRIME? ___ Yes ___ No

IF YES, EXPLAIN: _____

TO BE READ AND SIGNED BY APPLICANT

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT KNOWINGLY WITHHELD ANY FACTS OR CIRCUMSTANCES THAT WOULD DETRIMENTALLY AFFECT MY APPLICATION FOR EMPLOYMENT. I UNDERSTAND THAT ANY MISLEADING, INCORRECT STATEMENT MAY RENDER THIS APPLICATION VOID, AND WOULD BE CAUSE FOR DISMISSAL IF EMPLOYED.

I AUTHORIZE CASE FARMS, TO MAKE ANY INVESTIGATION, AND TO OBTAIN ALL LAWFUL INFORMATION IN CONNECTION WITH THIS APPLICATION WHICH IT DEEMS NECESSARY TO CONFIRM THE STATEMENTS I MAKE IN THIS APPLICATION TO CIRCULATE SUCH INFORMATION TO THE APPROPRIATE PERSONS WHO CONSIDER THIS APPLICATION. I REQUEST AND AUTHORIZE ALL REFERENCES AND CURRENT AND FORMER EMPLOYERS TO SUPPLY INFORMATION ABOUT ME VERBALLY OR IN WRITING TO CASE FARMS. IN CONSIDERATION FOR THEIR FURNISHING SUCH INFORMATION, I HEREBY WAIVE ANY CLAIMS AGAINST THEM WHICH MAY ARISE FROM THEIR FURNISHING IT. I ALSO UNDERSTAND THAT CASE FARMS MAINTAINS A DRUG FREE WORKPLACE AND HAS A SUBSTANCE ABUSE PREVENTION PROCESS WHICH INCLUDES DRUG TESTING. I AGREE TO COMPLY WITH THIS POLICY.

NOTHING IN THIS APPLICATION CONSTITUTES AN OFFER OF EMPLOYMENT. IF EMPLOYED BY CASE FARMS, THERE IS NO EMPLOYMENT CONTRACT FOR A DEFINITE DURATION. EMPLOYMENT WITH CASE FARMS IS AT-WILL, WHICH MEANS THAT I HAVE A RIGHT TO TERMINATE MY EMPLOYMENT AT ANYTIME FOR ANY REASON, AND THE COMPANY HAS A SIMILAR RIGHT. NO COMPANY POLICY, PRACTICE, OR STATEMENT BY ANY COMPANY REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL RELATIONSHIP, AND THE AT-WILL STATUS CANNOT BE CHANGED EXCEPT THROUGH A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED COMPANY OFFICIAL.

DATE: _____

APPLICANT SIGNATURE: _____

VOLUNTARY SELF-IDENTIFICATION FORM

Case Farms is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the HR Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

PRINT NAME: _____ **DATE:** _____

POSITION(S) APPLIED FOR: _____

GENDER: _____ Male _____ Female

Check one of the following Race or Ethnic Identity (see reverse for definitions):

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Veteran Status (see reverse for definitions):

- Vietnam Era Veteran
- Recently Separated Veteran
- Special Disabled Veteran
- Armed Forces Service Medal Veteran
- Other Protected Veteran

Other (see reverse for definitions):

- Individual with Disabilities

I do not wish to Self-Identify

SIGNATURE: _____

VOLUNTARY SELF-IDENTIFICATION FORM DEFINITIONS

EEOC Race/Ethnic Identification Categories:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa

Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaskan Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

Two or More Races (not Hispanic or Latino)

All persons who identify with more than one of the above five races

Individual with Disabilities:

Defined as a person who (1) has a physical impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purpose of this definition, an individual with a disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran Status:

Veteran of the Vietnam Era

Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed; (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran

Means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran

Includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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. 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
- DON'T WISH TO ANSWER

YOUR NAME

TODAY'S DATE

Continued on the back of this page

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020 Page 1 of 2

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020 Page 2 of 2