

# Meade Locker and Processing, LLC

152 N Post St. Meade KS, 67864

620-371-4056

meadelocker@gmail.com

## Employment/Job Application

**DISCLAIMER:** Applicant understands that this is an Equal Opportunity Employer. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

**COMPLETED APPLICATIONS:** Please return completed applications to Meade Locker and Processing, LLC at the address listed above.

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY # (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH (DOB): \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

DESIRED HOURLY WAGE: \$ \_\_\_\_\_

POSITION APPLIED FOR (CIRCLE BELOW):

MEAT PROCESSOR

FRONT/RETAIL FLOOR

EMPLOYMENT DESIRED (CIRCLE):

FULL-TIME

PART-TIME

AFTERSCHOOL/WEEKENDS

### EDUCATION

HIGH SCHOOL: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ GRADUATE: YES NO

COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ GRADUATE: YES NO

DEGREE: \_\_\_\_\_

OTHER EDUCATION: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OTHER EDUCATION: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## EMPLOYMENT HISTORY

EMPLOYER #1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

YOUR RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ YOUR JOB TITLE: \_\_\_\_\_

YOUR RESPONSIBILITIES: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ STARTING PAY: \_\_\_\_\_ ENDING PAY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## REFERENCES

BY COMPLETING THE SECTION BELOW APPLICANT GIVES PERMISSION TO CONTACT THE INDIVIDUALS LISTED BELOW.

REFERENCE #1 \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE #2 \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

## CERTIFICATION

I, the applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_