

BOARDMAN FOODS, INCORPORATED

PO BOX 786
 BOARDMAN, OR 97818
HR@BOARDMANFOODS.COM



EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Boardman Foods, Inc. is committed to providing an equal opportunity for all individuals who are seeking employment. The objective of Boardman Foods, Incorporated’s hiring procedure is to select the most qualified individuals for the job. We encourage you to provide us with complete and accurate information that demonstrates your qualifications to perform the duties of the job you are applying for.

INVITATION TO REQUEST REASONABLE ACCOMMODATION FOR APPLICANTS WITH A DISABILITY

Any applicant with a disability who needs reasonable accommodation in any step of the hiring process may request assistance to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying. The applicant who needs reasonable accommodation for a disability should inform the VP of Operations at 71320 Columbia Blvd., P.O. Box 786 Boardman, OR 97818 or call 541-481-3000.

JOB AVAILABILITY

Please look at the available job openings on our website at www.boardmanfoods.com or check our listings with the State of Oregon: Employment Department.

RESPONDING TO INQUIRIES ON THE APPLICATION FORM

You must complete all of the inquiries on the application accurately and truthfully. *If you leave an inquiry blank, we will reject your application.* If you believe the question or information sought is not applicable, put **N/A** for a response in the space provided. If you report false or inaccurate information, we will reject your application or terminate your employment if we discover false or inaccurate information after the date of hire.

PURPOSE OF THE APPLICATION FORM

I understand the purpose of the application form is to give me the opportunity to provide the company with information about my skills, experience, abilities, and other personal attributes that meet the qualification requirements for the job position that is available. I understand that it is in my best interest to be thorough, accurate, and descriptive in providing this information. I also understand that a number of interviews may be required for consideration beyond the application form.

CONSIDERATION OF THE APPLICATION FORM

I understand that Boardman Foods, Inc. will consider my application for the job opening that I have applied for and for no other job position. I also understand that Boardman Foods, Inc. will only consider my application active for 90 calendar days from the date of my application. I understand that if I want Boardman Foods, Inc. to consider me for a longer period of time or for other job positions then I must complete and file a new application.

REFERENCES AND INFORMATION CHECK

In submitting this application for employment I understand that Boardman Foods, Inc. will investigate the information that I provided. If Boardman Foods, Inc. selects me for an interview I understand that Boardman Foods, Inc. will require me to provide the company with a release and waiver form so that Boardman Foods, Inc. may contact a representative of each former employer, educational institution, and/or personal reference that I list on the application form or provide in an interview.

DRUG AND ALCOHOL TEST

I understand that part of the application process at Boardman Foods, Inc. includes a controlled substance exam via urine analysis. I understand that if Boardman Foods, Inc. considers me for employment then Boardman Foods, Inc. will request a signed consent and waiver before I take the exam. I understand that if I refuse to sign the form or if my results are presumptively positive, then Boardman Foods, Inc. will not consider me for employment.

I – 9 FORM DOCUMENTATION

I understand that if Boardman Foods, Inc. offers me employment, I will complete a Form I-9 before I commence work provide Boardman Foods, Inc. with proper documentation that proves I am authorized to work in the United States. I understand that if do not provide Boardman Foods, Inc. with proper documentation I will no longer qualify for an employment opportunity. I understand that I may obtain information about the documentation by contacting the VP of Operations at 71320 Columbia Blvd., Boardman, OR 97818; (541) 481-3000; or by contacting the United States Citizenship and Immigration Services at 1-800-255-7688 or by visiting the website www.justice.gov/crt/about/osc

GENERAL ACKNOWLEDGEMENT

I understand and have read all of the instructions and acknowledgements set forth above. My signature represents that I will comply and I understand the consequences, if I do not comply with the above statements.

Print Name

Signature

Date

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APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date of Birth				Social Security No.					Desired Salary	
Position Applied for					Date Available					
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
EDUCATION										
High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES <i>Please list three professional references.</i>										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
MILITARY SERVICE										
Branch							From		To	
Rank at Discharge							Type of Discharge			
If other than honorable, explain										
Please initial the following statements to ensure you understand:										
I understand that no jewelry is allowed to be worn inside the plant and will comply to this policy:										
I understand that I may be required to work up to 13 hours in one day:										
I understand that I will be required to be at work on time and as scheduled:										
I understand that the schedule changes on a daily and/or weekly basis:										
I understand that I may be required to work weekends and/or the night shift:										

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PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						

From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						

From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						

From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

Paydays are the 7th and the 22nd of each month. You may earn pay increases by completing cross-training certifications in other positions once you have successfully been trained and can satisfactorily do the job you were hired for. See job description(s) for more detailed information on the requirements and expectations for each job.

Other Good To Know Expectations:

- You must be able to pass a drug and alcohol test and we do background checks.
- You cannot have more than 1 absence in a 30 day period or more than 1 tardy in a 30 day period or you will receive disciplinary action up to termination.
- Hair nets, ear plugs, bump cap, aprons, sleeve guards, gloves are required gear and must be worn, when working on the trim line.
- Onion fumes are very strong and you will experience discomfort for up to 30 minutes every day.
- You must follow all employee safety and food safety rules and procedures. See Handbook for more details.
- We work up to 12 hour shifts

My signature below certifies that all information on this application is accurate and complete to the best of my knowledge and belief. I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize each employer, school, or person I have named to provide information regarding my employment, education, character, and qualifications, and release each employer, school, or person from all liability for any damages that my result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules and regulations. I also understand that my employment may be terminated with or without cause at the option of either the company or myself.

Signature:

Date:

WAIVER

Authorization to obtain records and other information for employment purpose.

To the applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I, hereby authorize Boardman Foods, Inc. to utilize the services of an outside company to make an investigation of my personal employment history and education. I understand that these investigations will include information of *public record*, which **could** include DMV records; civil and criminal court records; and others records as may be appropriate. I understand I have the 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.

The facts set forth in my application for employment are true and complete. I understand that if employed and I give false statement or omit any information on my application form, it may result in termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I, hereby fully waive any rights or claims I have or may have against all current and/or former employers and their agents, employees, and representatives, as well as any damages that may directly or indirectly result from the use of the disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me. I, further waive any claim against you (the company) and any outside agency utilized by you (the company) as a result of any information, which is obtained in this investigation.

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date of Birth			Social Security No.				
Other Names Used (Maiden names, aliases, nicknames.)							
Driver License Number			State		Type		
A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.							
Signature:					Date:		

Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to **Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment- or to take another adverse action against you- must tell you and must give you the name, address, and phone number of the agency that provides the information.

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- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report:
 - you are the victim of identity theft and place a fraud alert in your file:
 - your file contains inaccurate information as a result of fraud:
 - you are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer-reporting agency may continue to report information it has verified as accurate.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors. Insurers or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from the future lists. If you call, they must keep you off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You must seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal courts.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

CRA's creditors and others not listed below

National banks, federal branches/agencies of foreign banks
(word "National" or initials "N.A." appears in or after banks name)

Federal Reserve System member banks (except national banks,
And federal branches/agencies of foreign banks)

Savings associations and federally chartered savings banks
(word "Federal" or initials "F.S.B." appear in federal institution's Name)

Federal credit unions (words "Federal Credit Union" appear in
Institution's name)

State chartered banks that are not members of the Federal Reserve
System

Air, Surface or rail common carries regulated by former Civil
Aeronautic Board of Interstate commerce Commission

Activities subject to the Packers and Stockyard Act, 1921

PLEASE CONTACT:

Federal Trade Commission
Consumer Response Center-FCRA
Washington, DC 20580
202-326-3761

Office of the Controller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551
202-452-3693

Office of Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

Federal Deposit Insurance Corp.
Division of Compliance & Consumer Affairs
Washington, DC 20429
800-934-FDIC

Department of Transportation
Office of Financial Management
Washington, DC 20250
202-366-1306

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20250
202-720-7051