



J. R. Simplot Company
www.simplot.com

APPLICATION FOR EMPLOYMENT

An equal opportunity employer

PLEASE PRINT OR TYPE - You may request any needed accommodation to participate in the application process.

PERSONAL

Name _____ (Last) (First) (Middle)			Date _____
Address _____ (Street) (City) (State) (Zip Code)			
Home Phone () _____		Bus Phone () _____	Other Phone () _____
Social Security Number _____		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by: _____
List any Company Employees Related to You _____			
Have you ever worked for this Company, <input type="checkbox"/> Yes If yes, indicate where or any of its subsidiaries or affiliates? <input type="checkbox"/> No and reason for leaving: _____			
Have you, since the age of 18 or within the last 7 years <input type="checkbox"/> Yes If yes, (whichever is most recent), been convicted of a felony? <input type="checkbox"/> No explain briefly: _____			
Are you eligible to work <input type="checkbox"/> Yes in the United States? <input type="checkbox"/> No		Have you served in the U.S. <input type="checkbox"/> Yes or Canadian Armed Forces? <input type="checkbox"/> No Special Training received in Military: _____	

JOB INTERESTS/SKILLS

Position(s) applied for _____		Type of employment requested <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Internship
Salary Required _____ (HR/YR)	Check the appropriate box, if you willing to work: <input type="checkbox"/> Shift Hours <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends	
Earliest Date Available ____ / ____ / ____	Preferred Geographic Location(s): _____	
Specialized Skills: <input type="checkbox"/> Software (specify): _____ <input type="checkbox"/> Typing _____ (wpm) <input type="checkbox"/> Production or Heavy Equipment (specify): _____ <input type="checkbox"/> 10-key (by touch) <input type="checkbox"/> Computer (PC) <input type="checkbox"/> Other (specify): _____		
Please list any additional information you feel may be helpful to us in considering your application: _____ _____ _____		

EDUCATION

Type of School	Name and Location	Course of Study	# Yrs	GPA	Graduated?	Degree, Certificate, or Honors Received
High School						
College or University						
Business/Trade School						
Other Education						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

if more space is required, attach additional sheet

Employer Name/Address/Phone #:	Supervisor Name and Title	Dates Employed	
		From	To
()	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Hourly Rate/Salary	
Work Performed:	Starting Job Title	Hourly Rate/Salary	
	Ending Job Title		
Reason for leaving			

Employer Name/Address/Phone #:	Supervisor Name and Title	Dates Employed	
		From	To
()	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Hourly Rate/Salary	
Work Performed:	Starting Job Title	Hourly Rate/Salary	
	Ending Job Title		
Reason for leaving			

Employer Name/Address/Phone #:	Supervisor Name and Title	Dates Employed	
		From	To
()	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Hourly Rate/Salary	
Work Performed:	Starting Job Title	Hourly Rate/Salary	
	Ending Job Title		
Reason for leaving			

REFERENCES - List at least three people who are qualified to evaluate your capabilities; do not include relatives or past supervisors

Name	Occupation	Phone	Years Known

Please read the following statements carefully, and acknowledge your agreement by signing below. Only signed and dated applications are considered valid.

I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. I voluntarily give the company the right to conduct a complete background investigation and agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or organizations supplying lawful information. The J. R. Simplot Company is hiring in compliance with the Immigration Reform and Control Act. The completion of the I-9 IRCA Form is a prerequisite for employment. I understand that I will be required to produce documents proving my eligibility to work within the United States. I agree to conform to the rules and regulations established by the J. R. Simplot Company. I understand that an offer of employment is not an employment contract, and that I or the Company may terminate an employment relationship at any time. If employed, I consent to take any job-related physical examination, simulation and/or drug and alcohol tests as may be required by the company. An offer of, or continued, employment may be contingent upon successfully passing these examinations, simulations and/or tests. I hereby agree that, if employed, I will not divulge any information confidential to this company or any of its subsidiaries or affiliates while employed or at any time thereafter. I certify that the answers given by me in this application are correct and complete. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant's Signature _____

Date _____

**APPLICANT
INVITATION TO SELF IDENTIFY
FOR
AFFIRMATIVE ACTION PURPOSES**

Federal regulations require the Company to provide you an opportunity to self identify for recordkeeping and reporting purposes. **Providing this information is entirely optional and voluntary;** disclosure or refusal to complete this form will not subject you to any adverse treatment. You may self identify or request to benefit under the Company's Affirmative Action Program now or at any time in the future. The information will be kept confidential, separate from hiring decisions and personnel records, and will be used only in accordance with the above regulations.

PLEASE CHECK EACH BOX THAT APPLIES TO YOU:

- Gender:** ☐ Female ☐ Male
- Race/Ethnic Group:** ☐ **Black or African American** (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.
- (Choose one) ☐ **Asian** – All persons 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.
- ☐ **Native Hawaiian or Pacific Islander** – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Hispanic or Latino** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Two or More Races** – Two or more races as defined above not including Hispanic or Latino.

PLEASE CHECK THE BOX BELOW IF IT APPLIES TO YOU:

- Vietnam Era Veteran** ☐ An eligible veteran (at least 180 days active duty), any part of whose active military service was in Vietnam between 2/28/61 and 5/7/75 or elsewhere between 8/5/64 and 5/7/75.
- Other Eligible Veteran** ☐ Other Eligible Veteran - Active duty (at least 180 days) service member receiving campaign or expeditionary badge (See list of campaigns & badges)
<http://www.opm.gov/veterans/html/vgmedal2.asp>
- Newly Separated Veterans** ☐ Any veteran who served on active duty in the U.S. military, ground, naval or air service (and was employed or reemployed - *added for clarification*) during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Please sign below to acknowledge that you had an opportunity to self identify.

Applicant's Printed Name

Applicant's Signature

Date

**J.R. SIMPLOT COMPANY
DRUG AND ALCOHOL TESTING DISCLOSURE**

The J.R. Simplot Company has a drug and alcohol screening program designed to prevent hiring or retaining individuals who use illegal drugs or individuals whose use of legal drugs or alcohol indicates a potential for impaired or unsafe job performance. This program is a part of the company's Substance Abuse Policy, which promotes safety for its workers, in its products, and in the distribution of these products.

If you are hired by the J.R. Simplot Company, you will be required to submit to and successfully pass a drug and alcohol urinalysis as a condition of continued employment. This urinalysis will be scheduled by a Company representative on or near your date of hire. Once employed, refusal to consent will be sufficient reason to terminate employment.

If the results of your test prove positive, you will lose your right to apply at any J.R. Simplot Company location for a minimum of six months. Upon re-applying, you would be required to submit to and successfully pass another test before hire.

In addition, once employed by the Company, you may be required to submit to and successfully pass a drug and alcohol test as a condition of continued employment if:

- (1) you are involved in an on-the-job accident or incident, which causes injury to a person requiring medical attention beyond first aid and/or damage to property;
- (2) your on-the-job behavior and/or actions indicate that you may be under the influence of drugs or alcohol;
- (3) you return to work following a drug or alcohol rehabilitation program; and/or
- (4) you are required to undergo medical examinations due to regulatory requirements of local, state, or federal agencies (such as the Department of Transportation).

Additional information concerning the company's Substance Abuse Policy is available through your personnel office. It is very important that you familiarize yourself with, and act in accordance, with this policy.

UNDERSTOOD AND AGREED:

(Applicant's Signature)

(Date)



BACKGROUND INVESTIGATION CONSENT

I, _____ hereby authorize The J. R. Simplot Company and/or its agents to make an independent investigation of my background, police and criminal records, references, character, credit, past employment, and education, including those maintained by both public and private retail and security organizations, law enforcement agencies and all public records for the sole purpose of confirming the information contained on my employment application forms and/or obtaining other information which may be material to my qualifications for employment.

The J. R. Simplot company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, national origin, sex, age, religion, disability or veteran status. I understand that inquiries on this form which address date of birth are used for identification verification purposes only, and as such, are asked in good faith for legitimate, non-discriminatory reasons. I understand that responding to these inquiries are voluntary, and my failure to respond to these inquiries will not preclude my hire or promotion.

I release the J. R. Simplot Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. I further agree that the giving of any false or misleading information either on my employment application or this form will be grounds for termination of my employment.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

PLEASE PRINT ALL INFORMATION ON THIS FORM

Full Name as it appears on Driver's License:

LAST NAME		FIRST NAME			MIDDLE						
Driver's License #		State of Issue		Date of Birth		SOC. SEC. #					
FULL MAIDEN NAME: Last Name				First Name		Middle					
HOME ADDRESS (PAST TEN (10) YEARS)		CITY		STATE		ZIP		DATES			
STREET #		STREET NAME/ROUTE						From To			
EMPLOYER (PAST TEN (10) YEARS)		CITY/STATE		POSITION HELD		REASON FOR LEAVING		PHONE #		DATES	
COMPANY NAME		CONTACT NAME								From To	

Applicant Signature _____

May we contact your current employer? ☐ Yes ☐ Not at this time (we may contact them post-hire to verify information provided)

CALIFORNIA ONLY:

☐ Check here if you wish to be sent a copy of any consumer credit report or public record information furnished by a consumer credit reporting agency

FOR OFFICE USE ONLY

J. R. SIMPLOT/CONTACT NAME:		LOCATION/STATE:		BU:			
POSITION APPLIED FOR:		BASIC SCREENING CONDUCTED: <input type="checkbox"/> SSN <input type="checkbox"/> National Criminal File					
ADDITIONAL SCREENING CONDUCTED (salaried/DOT positions): <input type="checkbox"/> 10 years Employment Verification (# employers _____) <input type="checkbox"/> Business References (# _____)				Date of Request		Total Cost:	
OPTIONAL SCREENING CONDUCTED: <input type="checkbox"/> Education <input type="checkbox"/> County Criminal <input type="checkbox"/> MVR <input type="checkbox"/> Credit History <input type="checkbox"/> Prof. Licenses <input type="checkbox"/> _____				Notes:			