

PRE-EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion, disability or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ PHONE NUMBER _____

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STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes No

Are you 18 or over? Yes No

If yes, state the offense, location, date and disposition: _____

Are you legally entitled to work in the USA?

Yes No

Who should be contacted in case of emergency?

NAME _____ RELATIONSHIP _____

STREET ADDRESS _____ CITY _____ STATE _____ PHONE NUMBER _____

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EMPLOYMENT DESIRED

Are You Seeking Full-Time Part-Time Temporary /Seasonal

Position Applied For _____ Salary Desired _____

Date Available to Start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No If yes, Start Date _____ End Date _____

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position?

Are you now or do you expect to be engaged in any other business or employment? Yes No

EDUCATION

NAME, ADDRESS AND LOCATION

GRADUATE?

COURSES STUDIED

HIGH SCHOOL

Yes

Diploma: _____

No

COLLEGE

Yes

Diploma: _____

No

TRADE SCHOOL

Yes

Diploma: _____

No

Are you planning to pursue further studies? Yes No

If so, when, where and what courses?

List and describe any other School or Specialized Training

MILITARY

Have you every served in the military? Yes No

Service Branch _____ Final Rank _____

Are you a member of a reserve organization? Yes No

HEALTH & SAFETY

Will you abide by the safety rules of this company? Yes No

Are you willing to take a drug screen at company expense? Yes No

I WAS REFERRED BY: _____

Applicant's Signature _____ Date _____

WORK HISTORY

List names of employers in consecutive order with **present or last employer listed first**. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER		NAME AND TITLE OF LAST SUPERVISOR	
STREET ADDRESS, CITY, STATE, ZIP CODE		EMPLOYMENT START DATE	EMPLOYMENT END DATE
PHONE NUMBER ()	NATURE OF BUSINESS	Month _____ Year _____	Month _____ Year _____
TITLE		STARTING PAY \$	ENDING PAY \$
DUTIES		REASON FOR LEAVING	

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NEW BRAUNFELS SMOKEHOUSE DRUG POLICY

This policy is implemented as part of the company's overall program to maintain the health and safety of employees, customers, and the public; and to prevent civil and criminal liability. This policy covers all employees and prospective employees. New Braunfels Smokehouse strictly prohibits the use, sale, purchase, transfer, receipt or possession of alcohol, drugs, or controlled substances on any company premises. The terms "drugs" or "controlled substances" refers to any substance, chemical, or agent, the use, possession, or sale of which without a valid doctor's prescription has been declared illegal by state or federal law such as the Texas Controlled Substance Act. In addition, the company strictly prohibits any employee from being at work under the influence of drugs, alcohol or controlled substances.

Alcoholic beverages and prescription drugs are covered by this policy; however, the sale and reasonable consumption of beverages in the ordinary course of business and the use of prescription drugs when taken as directed by a physician are excluded from coverage under this policy. Any employee taking a drug or other medication, whether or not prescribed by the employee's physician for a medical condition, which is known or advertised as possibly affecting or impairing judgement, coordination, or other senses, or which may adversely affect ability to perform work in a safe and productive manner, must notify his or her superior or other management official prior to starting work. The supervisor or management official will decide if the employee can remain at work or what work restrictions, if any, are deemed necessary.

It is the policy of this company that we maintain a drug-free workplace. No drug or drug use is allowed on the company premises.

In order to implement this policy, the company may monitor employees for drug use, conduct drug screening, and search the premises including employee's personal possessions and vehicles on the premises for drugs, controlled substances and/or drug paraphernalia. The company reserves the right to conduct searches, inspections, or tests of employees and their personal affects, lockers, purses, and other containers located on company premises, as well as employee's private vehicles, if parked on the company's premises. Entry onto the company's premises constitutes consent to searches or inspections. When appropriate, items discovered as a result of the company's searches or inspections may be taken into custody and may be turned over to the proper law enforcement authorities. Failure to submit to a search may result in the company's refusal to hire or to continue employment or any other action inconformity with the Company usual disciplinary procedures.

Monitoring of employees may include direct observation and third party reporting of drug possession, transfer, receipt, sale or use. Observation of inconsistent work quality or performance, carelessness or taking of needless risks, disregard for the safety of yourself or others, mood swings, and other indications of drug use may also constitute grounds for further inquiry including testing for drug use. An employee may report concerns or observations to any supervisory personnel.

Screening for drugs or controlled substances may be carried out under the following circumstances:

- A. Pre-employment
- B. Upon suspicion of use or possession based on:
 - 1. Impairment;
 - 2. Discovery of drugs on premises;
 - 3. Report from third party.
- C. After an on-the-job accident;
- D. Randomly.

The testing may be by any means including blood, hair and urine analysis. Testing will be performed by an independent laboratory.

Failure to consent to the test will result in the same penalties as are imposed for a positive test result.

If an employee or prospective employee is found to have drugs in their possession or tests positive for drugs, the company may refuse to hire or continue employment or may take any other action in conformity with the company's usual disciplinary procedures. An employee will be afforded an opportunity to explain a positive test result. The company shall make the final determination as to what action will be taken.

I affirm that I have read the company's drug policy as stated on this form. I understand that I may be required to submit to drug testing at any time and consent to the taking of samples by an accepted medical method, including urine, blood and hair samples. I authorize the hospital, clinic and/or testing facility to release the results of such examination and testing to New Braunfels Smokehouse, Inc. I further release the doctors, medical personnel, and the testing facility from any and all liability arising from the release of this information.

I understand that my personal belongings, vehicle and person may be searched at anytime and consent to be searched.

I understand that this is not a contract of employment and is not intended to be construed as such a contract and that my employment with the New Braunfels Smokehouse is or may be terminated at any time for any reason.

Applicant's Signature _____ Date _____

I refuse to consent and understand that the company may refuse to hire or continue my employment or may tal(e any other action in conformity with the company's usual disciplinary procedures in this policy.

Applicant's Signature _____ Date _____

If you worked in any of your previous positions under another name, please give that name. _____

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

SPECIAL SKILLS

Other qualifications such as special skills, abilities, or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate or repair:

Professional licenses, certifications, or registrations:

Additional skills, including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employe's attention:

REFERENCES

Give three references, not relatives or former employers.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION
_____	_____	()	_____
_____	_____	()	_____
_____	_____	()	_____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be reason for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that the taking of drug tests is a condition of employment and refusal to take such test when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without the express, written consent of the president and I also understand that my employment with the company is for no specific duration and may be terminated by either myself or the company at any time for any reason. I hereby certify this application does not constitute a contract of employment for any specific duration. I also understand that employment as a driver is contingent upon insurability and, if hired as a driver, I am subject to immediate discharge if I become uninsurable for any reason. I further understand that New Braunfels Smokehouse DOES have worker's compensation insurance coverage to protect me from damages because of work related illness or injury and in order to avail myself of this benefit, I must abide by the company's policy in regards to reporting and treatment of any claimed illness or injury.

Applicant's Signature _____

Date _____

ADDITIONAL INFORMATION

COMPANY USE ONLY

Interviewed By _____ Remarks _____