



when only perfection will do

Dakota City, Nebraska 68731-0475

Broyhill provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

APPLICATION FOR EMPLOYMENT

| | | | | |
|---|---|-------|--------|--|
| PERSONAL | Last Name | First | Middle | Date |
| | Street Address | | | Best Phone Number |
| | City, State, Zip | | | Business Phone Number |
| | Have you ever applied for employment with us? | | | Social Security Number |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year: Location: | | | |
| | Position Desired | | | Pay Expected |
| | Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | When will you be able to begin work? |
| Other special training or skills (languages, machine operation, etc.) | | | | |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

| | | |
|---|--|---|
| 1 | Company Name | Telephone () - |
| | Address | Employed - (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving _____ |

| | | |
|---|--|---|
| 2 | Company Name | Telephone () - |
| | Address | Employed - (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving _____ |

