

Smith's Frozen Foods

Hiring for under 18. Q.A. (Quality Assurance).

Here is a brief description of the position:

General duties are to sample, weigh, inspect, and assign grades to the product and to collect bacteria and other samples.

Other job assignments:

Check and records the package quality for label placement, legibility, proper coding, package integrity and product temperature.

Checks and records product and package weights and notifies supervision of problems.

Inspects and tests samples of product for quality factors as specified.

Assigns the proper grade to the product.

Notifies the Prep and Package Departments and Quality Control Lead of all deviants in quality factors of products and packages.

Collects Bacti, customer, and other samples as needed - aseptically.

Apply online on Indeed, and the link to that post is here:

<https://www.indeed.com/jobs?q=smith&l=Weston%2C%20OR&from=searchOnHP&vjk=b8b496917c9a9657>

Smith Frozen Foods, Inc.
101 Depot St. Weston, OR 97886
Ph 541. 566. 3515

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

*If Less Than 18 Years Old, What is Your Date of Birth? _____

(PLEASE PRINT CLEARLY)

Today's Date		Position Applying For:
Last Name:		() Any Work Available or (name position seeking):
First Name:		
Middle Initial:		Social Security Number:
Home Phone:		Mailing Street and Apt #:
Message Phone:		City/State/Zip Code:

Shift Availability		Skills
		Languages:
Have You Worked For Smith's or Brittany's Before?	() Yes () No	Computer:
		() Forklift () Truck Driver CDL
What name did you work under?		Ability to Lift: () 0-25 lbs. () 25-60 lbs.
What Year(s)?		Other:
What Job(s) did you do?		
Why Did You Leave?	() Laid Off () Quit () Terminated	
If you were terminated, what was the reason?		

Work History		Education
Name & Address of Last Employer:		High School: () Yes () No
Duties Performed:		Name of School:
Supervisor:		College/University: () Yes () No
Dates Employed:		Name of School:
Reason For Leaving:		Degree earned:
Name & Address of Next Previous Employer:		
Duties Performed:		
Supervisor:		
Dates Employed:		
Reason For Leaving:		

CERTIFICATION

I am legally eligible to be working in the United States () YES () NO

I understand that if offered employment with Smith Frozen Foods, Inc. I may be required to submit to a pre-employment drug screening, medical examination and background check as a condition of employment. I understand that adverse results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests/checks will result in the withdrawal of any employment offer or termination if already employed.

I hereby authorize any schools, former employers, references, courts and others who have information about me to provide such information to Smith frozen Foods, Inc. and/or its representatives, agents or vendors. I further release all parties involved from any and all liability for any damage that may result from providing such information.

I certify that the information set forth in this application is true, accurate and complete to the best of my knowledge. I understand that false statements or willful omissions on this application shall be considered sufficient cause for termination.

I understand that **this application is valid for forty-five (45) days** and that thereafter I must reapply for any position in order to be considered for employment.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Emergency Contact Information

In case of an emergency at work _____ should be contacted.

Fill in Blank

Contact person's relationship to you: _____

Contact person's phone number(s): _____

