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=b8b496917c9a9 657

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

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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 Av	ailability	Skills		
		Languages:		
Have You Worked For Smith's		Computer:		
or Brittany's Before?	()Yes ()No	() 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 () Terminat	ted		
If you were terminated, what was the reason?				

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

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 informatrion 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 liablity 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 I	nformation	
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):			



Applicant/Employee Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or disability.

As an employer we <u>must</u> comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out this Applicant/Employee Data Record. We appreciate your cooperation.

This data is used for periodic government reporting and will be kept in a <u>Confidential File</u> separate from the Application for Employment and Personnel files.

Applicant Name:		То	oday's date:			
Position(s) applied	for or currently holding:					
Referral Source:	() Advertisement () Employment Agency	() Friend () Walk-in	() Relative () Other			
Referral Name:						
Name:			Phone:			
Last	First	MI				
Address:						
PO Box or	Street	City		State	Zip Code	

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disabled, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of this information is voluntary.

Check one: () Male () Female

Check one: () Caucasian () African American or Black () Hispanic or Latino () Native Hawaiian or other Pacific Islander () American Indian/Alaskan Native () Two or More Races

Check if any of the following are applicable:

() Vietnam Veteran () Disabled Veteran () Disabled Individual

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