

# APPLICANT'S CONSENT AND RELEASE OF LIABILITY

Print Name of Applicant

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Last

First

Middle

Cattle Empire, LLC and its related entities are equal opportunity employers. I understand that the Company recruits, hires, and promotes employees without regard to race, color, religion, sex, age, national origin, citizenship, or disability. Individuals with disabilities who need assistance completing this application can contact the Human Resource department to arrange suitable accommodations.

I understand that in order to comply with the Federal Immigration Reform and Control Act, Cattle Empire, LLC requires all new hires to show proof of their eligibility to work in the United States. If I fail to produce the required documents to the appropriate Company manager within the required time period, Cattle Empire, LLC will withdraw any job offer and terminate my employment.

I voluntarily consent to and give the Company the right and authorization to investigate my past employment activities, agree to cooperate in such investigations, and release from all liability or responsibility the Company and all persons, companies, or corporations supplying such information.

I understand and agree that the Company's Substance Abuse policy prohibits reporting to work under the influence of federally identified controlled substances (including those deemed to be medically necessary in some states), alcohol, or prescription drugs that cause impairment.

If applying for a position that has access to Company confidential business records, I authorize Cattle Empire, LLC to verify the information provided on this form as to my credit as well as employment. Karen: Compliance with the FCRA is more complicated than this.

If conditional employment is offered, a) I hereby agree to undergo a physical examination (and/or testing) and urinalysis at Company expense for the purpose of evaluating my physical ability to perform specific job duties. b) I agree to provide all medical restrictions over the previous 3 years to the medical provider, c) and understand that I may voluntarily inform employer of any reasonable accommodation requests. I understand and agree that the Company, its examining physicians, or its medical personnel shall not be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of the physical examination or for failure to direct me to a specialist for treatment.

I authorize the release of the results of my examination to management of the Company and its physicians.

Cattle Empire, LLC maintains a drug-free workplace. I understand and agree that I will be required, as a condition of employment, to submit to a post-employment offer drug test and receive a negative result and following my employment I will comply with the Company's drug free workplace policy and testing policies and procedures.

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**Signature**

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**Date**