

Have you had job-related training in the U.S. Military? YES NO If Yes, please describe: _____

EMPLOYMENT EXPERIENCE

PLEASE BEGIN WITH MOST RECENT POSITION. You may include any verifiable work performed on a volunteer basis, internships or military service. A separate sheet of paper should be used to continue job history, if desired.

1.	Employer	Dates of Service		Work Performed (brief description / do not use "see attached resume")
	Telephone Number(s)	From	To	
	Address Street: City / State / Zip	Hourly Rate/Salary		
		Starting:	Final:	
	Job Title	Supervisor		
	Reason for Leaving	May we contact? __YES__ NO		

2.	Employer	Dates of Service		Work Performed (brief description / do not use "see attached resume")
	Telephone Number(s)	From	To	
	Address Street City / State / Zip	Hourly Rate/Salary		
		Starting:	Final:	
	Job Title	Supervisor		
	Reason for Leaving	May we contact? __YES__ NO		

EDUCATION

	High School	Undergraduate College/University	Graduate/Professional
School Name & Location			
Years Completed (circle all that apply)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Highest Degree Awarded			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired through employment or other experience. If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

I understand that should I be offered employment, I will be required to successfully meet the physical requirements of the specific job offer. This will be tested by an independent testing facility/medical care provider. By submitting this application you acknowledge your agreement to the testing and also agree to fully and confidentially discuss any current or prior medical conditions or inquiries with the medical provider. I will also be required as part of this physical examination, to successfully pass a drug screening that will be administered by the person or entity designated by the Company. I understand that reasonable accommodation discussions may be requested.

I understand that if hired by Cattle Empire, LLC. or a related entity, I will be an employee at will. This means my employment with any division of Cattle Empire, LLC. may be terminated at any time at the option of the company or me.

I also understand that neither this application nor any communication by management representative is intended to create or does in fact create a contract of employment.

I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with Cattle Empire, LLC. or any of its related entities.

X
Signature of Applicant

X
Date