



American Plant Food Corporation

Application For Employment

Prospective applicants will receive consideration without discrimination based on age, sex, race, creed, color, national origin, handicap, veteran status, or sexual orientation.

For Internal Use Only:

Name: _____ Date: _____

Position Applied For: _____

Date Employed: _____ Salary: \$ _____ per _____ Position: _____

Date Left: _____ Reason: _____

Date: _____

Name: (Last, First, Middle): _____

Address (Street, City, State, Zip): _____

Social Security Number: _____

How many we contact you? [] Telephone No. _____
[] Mobile No. _____
[] E-Mail Address _____
[] Other: _____

Have you ever been employed by APF? [] Yes [] No

Has a family member or friend ever been employed by APF? [] Yes [] No

Are you employed now? [] Yes [] No

If so, where? _____ Reason for Leaving _____

What position are you applying for? _____

Identify any special training, skills, and qualifications you have. _____

What office skills do you possess?

[] Typing WPM _____
[] Multi-Line Phone System System _____
[] Calculator (10 Key) By Sight or Touch _____
[] Computer System If So, which software programs are you proficient?

How were you referred to APF?

What Salary do you expect? Hourly \$ _____, Week \$ _____, Monthly \$ _____

Education

Date From/To	School Level	School Name	City	Course Of Study	Did You Graduate
____/____	High School	_____	_____	Basics	_____
____/____	Vocational	_____	_____	_____	_____
____/____	College	_____	_____	_____	_____

Are you studying at the present time? _____ What? _____

Experience (Enter last job first, etc.)

Name, Address of Employer	Dates From/To	Type of Work	Monthly Salary	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References (Other than Relatives)

Name	Address	Occupation	Identify a Method of Contact, if we may contact your reference.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicants Signature: _____ Date: _____

American Plant Food Corporation
903 Mayo Shell Road
Galena Park, TX 77547

I, the undersigned, do hereby willingly consent to have my blood drawn and/or urine taken, by a clinic of your choice, for the purpose of analysis for alcohol, drugs, and marijuana, or any of these test performed separately. I understand that the reference laboratory used at the present time by this clinic performs these analyses. I also understand that the results of the above test are to be reported to your company.

I further absolve, release and hold harmless American Plant Food Corporation and the clinic used for divulging, releasing and reporting findings that may be revealed by testing of my urine or blood. I specifically waive any rights of confidentiality between myself and the clinic used, all physicians associated with this organization and American Plant Food Corporation, resulting in any findings of the urine or blood samples.

Applicant's Signature: _____

Witness: _____

Time and Date: _____

SUBSTANCE ABUSE POLICY AGREEMENT

READ BEFORE SIGNING

I, _____, have read the Substance Abuse Policy. I understand that the following violations of the Substance Abuse Policy will result in corrective action up to and including discharge:

- A. Use, consumption, or presence in the body of alcohol or illegal substances during working hours.
- B. Abuse, misuse, sale, or distribution of prescription drugs, controlled substances, over-the-counter medication, or other substances during working hours.
- C. Possession, use, sale, distribution, or concealment of illegal substances, during working hours or in the workplace or on Company property, including vehicles.

I agree to cooperate in (for-cause or periodic unannounced) testing for the presence of alcohol and drugs in my system.

I agree to the inspection of my person, personal effects, and vehicle for drugs, alcohol, or contraband while on Company property.

I fully understand that compliance with Substance Abuse Policy is a condition of employment and that if I violate the Policy or refuse to cooperate with the testing procedures I am subject to corrective action up to and including discharge.

I acknowledge that I have been given a personal copy of the Substance Abuse Policy.

I AGREE TO FOLLOW THE SUBSTANCE ABUSE POLICY.

Date/Time

Applicant/Employee

Date/Time

Witness

AMERICAN PLANT FOOD CORPORATION SUBSTANCE ABUSE PROCEDURE

The substance abuse policy has been established for the following purpose.

1. To assist in maintaining a safe and healthy working environment for employees of American Plant Food Corporation.
2. To maintain a drug/alcohol free work place and drug/alcohol free work force.
3. To provide counseling and/or rehabilitation assistance for employees when appropriate.
4. To prevent accidental injuries, to protect property.
5. To prevent the occurrence of accidents, or incidents, the consequences of which may drastically affect the safety and the future of operations.
6. To minimize absenteeism and tardiness, to improve productivity and to insure quality workmanship.
7. To protect reputation of the Company and its employees within the community, within industry at-large and among our customers.
8. To comply with existing laws and to comply with contractual obligations.
9. For the protection of the community and the general public.

The use, abuse, presence in the body, reporting to work under the influence, bringing on to Company property, possession, transfer, storage, concealment, transportation, promotion, or sale of the following illegal and unauthorized drugs and substances or drug related paraphernalia by employees and others is strictly prohibited on Company premises or while on Company time.

- A. Illegal drugs, unauthorized controlled substances, look-alike, inhalants of abuse, designer and synthetic drugs (including the presence of any detectable amount in the employee while working) and any other unauthorized drugs and abnormal substances which may affect an employee's moods, senses, responses, motor function or alter or effect a person's perception, performance, judgment, reaction or senses while working.
- B. Unauthorized alcoholic or intoxicating beverages. An employee whose alcohol blood level is over 0.04% (40 Mg/DL blood) during working hours is in violation of this policy.
- C. Prescription drugs (legally controlled substances).
 1. Employees working in safety sensitive positions who have been informed that the medication could cause adverse side-effects while working or where medication indicates such warning, must inform their supervisors prior to using such substances on the job. Employees must only possess a reasonable amount of medication.

2. The employee must not consume the prescribed drugs more often than as prescribed by the employee's physician.
3. The employee whose name appears on the prescription label must not allow any other person to consume the prescribed drugs.
4. Any medications must be in its original container and must be in the employee's name and have the doctor's name and prescription number on the label.
5. Each prescription must not be older than one year of the date issued.

The use of drugs/medicine prescribed by a licensed physician for the individual employee is permitted, provided it will not affect work performance. However, the Company at all times reserves the right to have a licensed physician determine if the use of a prescription drug or medication by an employee produces effects which may increase the risk of injury to the employee or others while working. If such a finding is made, the Company reserves the right to limit and suspend the work or activity of the employee during the period the physician advises that the employee's ability to perform his or her job safely may be adversely affected by the consumption of such medication.

The substance abuse policy will apply to all regular, part-time, or casual employees. Compliance with the policy is required as a condition of employment. Any employee who is found to be in violation of this policy because of abuse, presence in the body, reporting to work under the influence, bringing onto Company property, possession, transfer, storage, concealment, transportation, promotion or sale of alcohol, illegal or unauthorized drugs or substances or possession of drug related paraphernalia, will be subjective to corrective action up to and including discharge. Possession or sale of illegal drugs or substances will be cause for immediate discharge.

The Company reserves the right, in certain circumstances, to require employees to submit to medical or physical examination or test as a condition of continued employment.

- A. Testing by urinalysis, breathalyzer, blood sample, saliva, or other methods for illegal substance and drug or alcohol abuse will be used to aid management in maintenance of a work environment free of illegal substance use and drug or alcohol. Specific results of tests for illegal substances, drugs and alcohol will be performed with concern for each employee's privacy, dignity and confidentiality. Cooperation in obtaining of urine, blood, saliva or breath samples is required of all employees as a condition of continued employment. A refusal to submit a urine, blood, saliva or breathe specimen will result in discharge. Substituting or tampering with urine, blood, saliva or breath samples will result in discharge. Substance abuse testing will be administered by a certified physician.
- B. Pre-employment testing.
 1. Pre-employment testing will be required of all applicant or candidate as a condition of employment prior to being approved to work at American Plant Food Corporation.

C. For cause testing.

1. For cause testing will be used when there is a reasonable cause to suspect that behavior, performance, error in judgment, accident, or incident, or unsafe actions or working is related to substance abuse.
2. Drug testing will be by urinalysis and alcohol testing by breathalyzer, saliva and/or blood sample.
3. For cause includes, but is not limited to an injury, an accident, a serious safety violation, erratic work pattern, an unsafe work incident, unusual behavior, abnormal conduct, a report of illegal substance, drug or alcohol use on the job, visual observation suggesting that impairment or unfitness for duty, possession of suspected illegal substances, drugs or alcohol, reporting to work under the apparent influence of drugs or alcohol, careless or reckless handling of equipment, disregard for personal safety or safety of co-workers, being caught or observed using suspected illegal substances, drugs or alcohol, disruptive or inappropriate behavior, conflicts with co-workers decline in performance and when the Company otherwise has cause to do so.

D. Periodic unannounced testing.

1. Employees, individually or in groups, will be randomly selected for unannounced drug/alcohol testing. Drug testing will be urinalysis and alcohol testing by saliva or breathalyzer. Job selected for random testing includes those requiring certain safe work practices or those having responsibility for the safety of others as may be determined by management.

E. Substance abuse policy-Applicant.

1. All applicants will be subject to drug testing as a part of the evaluation process for employment.
2. A signed agreement form will become a part of the applicant's personnel file.
3. An applicant will not be tested without his or her written consent.
4. Failure of the applicant to sign the agreement form or the consent and release form will end the evaluation process relative to employment.
5. Failure of the applicant to produce a urine sample or substitution of or tampering with a urine sample by the applicant will terminate the employment process.
6. In the event a positive result of the test is reported, the applicant will be informed of the results by management and the employment process will be terminated.
7. An applicant will not be eligible for further consideration of employment for one year following a positive test result.

F. Substance abuse policy-employees.

1. As a condition of continued employment, all employees who have not already done so, prior to testing, must sign the consent and release form. No employee will be tested without his or her written consent.
2. Cooperation in providing a sample for testing is a condition of employment. Refusal to cooperate in this respect will result in termination.
3. When an employee is confirmed positive for drug/alcohol test, the employee will be so advised by management. The employee will be given an opportunity to explain to management the reason for a positive drug/alcohol test finding. Management will then investigate employee's explanation. Following this meeting, if circumstances dictate, the employee will be sent home until a determination can be made of his or her status.
4. Any employee who tests positive for a substance prohibited by this policy as the result of a confirmed urine or blood test, will be offered a referral to an approved counseling or rehabilitation program.
5. Company benefits for rehabilitation and medical care will be in accordance with the established group insurance plan now existing for American Plant Food Corporation.
6. An employee will be informed that rehabilitation is the responsibility of the employee.

This policy shall be amended as necessary to meet the requirements of state, count or city laws where applicable.

Harassment and Complaint Procedure

Sexual and other unlawful harassment is a violation of Title VII of the Civil Rights Act of 1964 (Title VII), as amended, as well as many state laws. Harassment based on a characteristic protected by law, such as race, color, ancestry, national origin, gender, sex, sexual orientation, gender identity, marital status, religion, age, disability, veteran status, or other characteristic protected by state or federal law, is prohibited. [NOTE: THERE MAY BE STATE OR LOCAL LAWS WITH DIFFERENT REQUIREMENTS THAT MUST BE CONSIDERED]

It is American Plant Food Corporation's policy to provide a work environment free of sexual and other harassment. To that end, harassment of American Plant Food Corporation's employees by management, supervisors, coworkers, or nonemployees who are in the workplace is absolutely prohibited. Further, any retaliation against an individual who has complained about sexual or other harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated. American Plant Food Corporation will take all steps necessary to prevent and eliminate unlawful harassment.

Definition of Unlawful Harassment. "Unlawful harassment" is conduct that has the purpose or effect of creating an intimidating, hostile, or offensive work environment; has the purpose or effect of substantially and unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities because of the individual's membership in a protected class.

Unlawful harassment includes, but is not limited to, epithets; slurs; jokes; pranks; innuendo; comments; written or graphic material; stereotyping; or other threatening, hostile, or intimidating acts based on race, color, ancestry, national origin, gender, sex, sexual orientation, marital status, religion, age, disability, veteran status, or other characteristic protected by state or federal law.

Definition of Sexual Harassment. "Sexual harassment" is generally defined under both state and federal law as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where:

- Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of any individual's employment or as a basis for employment decisions; *or*
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Other sexually oriented conduct, whether intended or not, that is unwelcome and has the effect of creating a work environment that is hostile, offensive, intimidating, or humiliating to workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct that, if unwelcome, may constitute sexual harassment depending on the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- Unwanted sexual advances, whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, comments about an individual's body, comments about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, or cartoons;
- Unwelcome leering, whistling, brushing up against the body, sexual gestures, or suggestive or insulting comments;
- Inquiries into one's sexual experiences; *and*
- Discussion of one's sexual activities.

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment and retaliation against individuals for cooperating with an investigation of sexual harassment complaint is unlawful and will not be tolerated at American Plant Food Corporation.

Complaint Procedure. Any employee who believes he or she has been subject to or witnessed illegal discrimination, including sexual or other forms of unlawful harassment, is requested and encouraged to make a complaint. You may, but are not required to, complain first to the person you feel is discriminating against or harassing you. You may complain directly to your immediate supervisor or department manager, the HR director, or any other member of management with whom you feel comfortable bringing such a complaint. Similarly, if you observe acts of discrimination toward or harassment of another employee, you are requested and encouraged to report this to one of the individuals listed above.

No reprisal, retaliation, or other adverse action will be taken against an employee for making a complaint or report of discrimination or harassment or for assisting in the investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to one of the persons identified above.

All complaints will be investigated promptly and, to the extent possible, with regard for confidentiality.

If the investigation confirms conduct contrary to this policy has occurred, American Plant Food Corporation will take immediate, appropriate, corrective action, including discipline, up to and including immediate termination.

Employee Signature _____

PAYROLL ORDER FORM

Employee's Name

Employee's Social Security No., or Other ID No.

Date: _____

New Employee _____ Termination _____ Raise _____

Rate of Pay: \$ _____

Change in Rate From: \$ _____ To \$ _____

Department: _____

Effective Date: _____

Reason: _____

Supervisor's Signature

Pres., Vice Pres., Treasurer Signature

**AMERICAN PLANT FOOD CORPORATION
EMPLOYEE RECORD**

DEPARTMENT _____

NAME _____ DATE OF HIRE _____

ADDRESS _____ PAY RATE _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SOCIAL SECURITY NO _____ DATE OF BIRTH _____

GENDER: Male Female

VERIFICATION:

DRIVERS LICENSE SOCIAL SECURITY CARD REGISTRATION CARD

DATE OF LAST RAISE

_____/_____/_____/_____/_____/_____

ELIGIBLE/INSURANCE _____ DECLINED _____

ELIGIBLE/RETIREMENT _____ DECLINE _____

INSURANCE (HMO)(POS)(OFA) AMT. _____ RETIREMENT(%) _____

A113 DEDCTION(%) or Amt. _____

W-2 INFO

MARITAL STATUS:

SINGLE MARRIED SEPARATED WIDOWED DIVORCED

NAME OF SPOUSE _____ NO. OF DEPENDENTS _____

EMERGENCY CONTACT

NOTIFY _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

EDUCATION: HIGH SCHOOL COLLEGE GRADUATE

SPECIAL TRAINING _____

COMMENTS _____

Employee Name _____

Name

Date of Birth

Social Security No.

Spouse

Child

Child

Child

Child

Child

Child

Child

Child

Child

Child

WAIVER OF CONFIDENTIALITY

I understand the information in my workers' compensation file(s) is confidential under article 8307, 9a, Revised civil Statutes of Texas. However, I do hereby waive any rights of confidentiality and both authorize and request that such information be available to **American Plant Food Corporation**, whose address is **P.O. Box 584, Galena Park, TX 77547** whom I have made an application for employment.

Applicant: _____
Signature

Print or Type Name

Social Security Number

Print or Type Street Address

City/State/Zip

Date of Application for Employment

State Of Texas, County of _____

Sworn and subscribed to before me this _____ day of _____ 20 _____

Signature of Notary Public

Printed Name of Notary Public

Commission Expires: _____

(Seal)

This information is requested in accordance with the provisions of Article 8307, 9a, Revised Civil Statutes of Texas, as amended.

Name of Requestor

Title of Requestor

AMERICAN PLANT FOOD CORPORATION

The State of Texas

County of Harris

It is hereby expressly agreed by and between the undersigned employee and **American Plant Food Corporation** that during the period of employment the employee shall make no assignment of any kind or nature of the wages, salary or other compensation earned by him either by power of attorney, provision in a conditional sales contract or any other agreement to compel **American Plant Food Corporation** to pay such wages, salary, or other compensation to any person other than the employee, unless such assignment is accepted and acknowledged by an officer of the company.

American Plant Food Corporation

By

Employee

WORKERS COMPENSATION INFORMATION

American Plant Food Corporation has workers' compensation insurance coverage from the Farmland Nationwide Agribusiness to protect you. You can get more information about your workers' compensation rights from any office of the Texas Workers' Compensation Commission, or by calling 1-800-252-7031.

You may elect to retain your common law right of action if, no later than five days after beginning employment, you notify American Plant Food Corporation in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

American Plant Food Corporation está cubierto por aseguración de compensación al trabajador para su protección. Usted puede obtener información adicional sobre sus derechos de compensación al trabajador de cualquier oficina de la Comisión de Compensación de Trabajadores de Texas, o puede llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley común, si no más tarde de cinco días después de comenzar el empleo, usted notifica a American Plant Food Corporation por escrito que usted desea retener su derecho bajo la ley común para recobrar daños por lesiones personales. Si usted elige su derecho de acción por la ley común usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si es usted lesionado/a.

Signature

Date