



LYNCH
LIVESTOCK, INC.
Family Owned Since 1916

The Lynch Companies

Standards of Behavior

The Lynch Companies Team Members are committed to providing EXCELLENCE in customer service in an environment that is RESPECTFUL of others, ADAPTIVE to change, and ACCOUNTABLE for outcomes. Individually Team Members as well as Applicants, must pledge to practice the following standards of behavior for the benefit of our co-workers and the betterment of The Lynch Companies.

ADAPTABILITY

I will:

- Maintain a positive, willing and flexible attitude
- Be a team player and remove the phrase, "It's not my job" from my vocabulary
- Work collaboratively to help others
- Be proactive in identifying opportunities for individual growth and departmental improvement
- Be receptive to constructive criticism
- Promote cooperation between co-workers/departments
- Embrace change and offer suggestions for resolutions to problems; and respect and listen to my co-workers' ideas

RESPECT

I will:

- Treat customers, visitors, and colleagues with respect and courtesy
- AIDET – **A**cknowledge the person, **I**ntroduce myself, establish a **D**uration, provide an **E**xplanation and say "Thank you"
- Respect individuality, privacy, and dignity of co-workers and customers
- Practice telephone etiquette by answering the telephone: 1) within 3 rings, 2) with energy and vitality, and 3) stating "Good morning", department name, and "How may I help you?"
- Keep all interactions positive by not engaging in negative behaviors such as gossiping, back-stabbing, non-verbal negative insinuations, undermining, withholding, infighting, and arrogance
- Keep all interactions positive and discuss internal issues only with those who need to know, such as compensation and bonuses
- Refrain from criticizing The Lynch Companies in the workplace and in the presence of our customers and co-workers
- Practice elevator etiquette in areas where customers frequent, such as the front desk/reception area.
- Show respect for all employees regardless of their position in the hierarchy of the organization

EXCELLENCE

I will:

- Welcome new employees to my department
- Manage up, speaking well of each other, co-workers and customers
- Take pride in the workplace and help keep my work area clean by picking up litter, debris, and spills promptly
- Maintain a safe environment

ACCOUNTABILITY

I will:

- Strive to exceed attendance expectations in order to provide consistency in quality of service
- Be fiscally responsible by not wasting time or resources
- Take pride in my overall appearance
- Take responsibility for making sure that my actions, behaviors, and decisions reflect positively on The Lynch Companies
- Support a culture that finds solutions, rather than one that makes excuses or blames others
- Hold myself and staff accountable for providing professional and reliable service in a consistent manner
- Communicate any concerns, suggestions, and ideas to my supervisor in an open and honest manner
- Collaborate with co-workers of other departments to ensure success of the Company
- Adhere to and uphold all policies and procedures
- Acknowledge and respond to e-mail, voice mail, and other forms of communication in a professional and timely manner
- Attend and participate in Company meetings and other meetings as required
- Be punctual for meetings and appointments

I have reviewed The Lynch Companies “Standards of Behavior” and agree to abide by the contents of the Standards.

Name (print) Date

Signature

I have reviewed The Lynch Companies “Standards of Behavior” and **DO NOT** agree to abide by the contents of the Standards.

Name (print) Date

Signature

Application for Employment
The Lynch Companies, Inc.
331 3rd St., NW, Waucoma, IA 52171

INSTRUCTIONS: Applicant to complete all information requested. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position Applied For:					Date:		
PERSONAL INFORMATION							
Last Name			First			Middle	
Street Address			City		State	Zip	
Home Phone	Alternate Phone		Email Address (Voluntary)		Are you 18 years of age or older? Yes No		
List any other names that you have previously used to identify yourself, and identify the period of time that you used the name.							
Are you legally eligible to work in the U.S.? Yes No (If offered employment, eligibility documentation must be produced within 3 work days)							
In the last seven years have you been convicted of a crime (other than a minor traffic violation)? Yes No If "yes" state the type of conviction, the county and state where it occurred, the year and a description of the offense.							
(Convictions will not necessarily bar you from employment. Rather, the number, nature, seriousness, and recency of the convictions will be considered as it related to the job for which you are applying.)							
Have you previously been employed with The Lynch Companies, Inc.? Yes No If "yes," indicate dates, position held, department/location, and your reason for leaving.							
Did a current Employee refer you for this position? Yes No If yes who?							
Indicate the type of employment sought (check only those you will accept) F/T P/T 1 st Shift 2 nd Shift Temporary Seasonal. If the job requires weekends and holidays would you be willing to accept it? Yes No							
EDUCATION							
	Name of School		Major Course of Study		# of years	Graduated Yes/No	Degree Earned
High School						Yes No	Diploma GED
College						Yes No	Associates Bachelors Other
Graduate School						Yes No	Masters Other
Other						Yes No	

WORK EXPERIENCE

List either your last four (4) places of employment or up to ten (10) years of employment history, starting with your present or most recent employer. Please respond to the following information completely. A resume may be included for additional reference.

Present & Former Employers (list most recent first) *Please print if not filling out online*

Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? Yes No		
Job Duties/Responsibilities		If no, why not?		

1. Have you at any time in the past or are you now a member of, a supporter of, or a direct or indirect employee of, a contractor for, or in any other way affiliated with or acting on behalf of any vegan or animal rights activist group, including but not limited to Human Society of the U.S., People for the Ethical Treatment of Animals, Mercy for Animals, Farm Sanctuary or Animal Liberation Front? Yes No
2. Do you intend to take any pictures or make any recordings or video at any of our farms without the prior written consent of Company management? Yes No
3. Do you agree to abide by all the policies and procedures of the Company as given to you both in writing and orally by supervisors, including the immediate reporting of any animal abuse or neglect? Yes No
4. If you answered "yes" to questions 1 or 2 or "no" to question 3, please explain and detail the basis for such answer(s) below:

PROFESSIONAL REFERENCES

Provide the names of three references familiar with your current skills and abilities. Please do not include supervisors listed in the Work Experience section or family members.

Name	Title	Company Name	Telephone Number	E-mail

If the position you are applying for requires it, do you have a valid Iowa driver's license? Yes No N/A

If you do not have an Iowa driver's license, but have a valid driver's license from another state, please identify the state:

Do you have a Commercial Driver's License (CDL) Yes No

If "yes" list any CDL Endorsements

Do you have reliable transportation? Yes No

Have you ever had any license suspended or revoked? Yes No If yes, state the type of license, the regulatory agency or body making the suspension/revocation, the date(s) of suspension/revocation, and the reason for the suspension/revocation:

Are you lawfully authorized to work in the United States? Yes No

I understand that the Immigration Reform and Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

"I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules. I acknowledge that there is no specified length of employment and agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time at either my or the Company's option. I also understand and agree that the terms and conditions of my employment may be changed at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. I authorize the Company to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you. I understand that any offer of employment is contingent upon satisfactory completion of a pre-employment physical, drug test for controlled substances and/or an investigative consumer report."

List any military training, special training, or other skills/experience you have that would apply to the position for which you are applying

The Lynch Companies

DISCLOSURE and AUTHORIZATION

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, _____, hereby consent and authorize Inquirehire or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h).

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes No

If yes, list names and corresponding years. _____

Driver's License number: _____ State of issuance (DL): _____

List all past counties of residence and corresponding years: (i.e. Scott, IA 2000 – 2009)

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

Current Address, City, State, & Zip

For Minnesota and Oklahoma and California, check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquire hire at 800-494-5922. By signing below you acknowledge receipt of Article 23-A of NY Correction Law.

New York & Maine Applicants Only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Oregon Applicants Only: - Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information and remedies should you suspect or find that the Company has not maintained secured records is available upon request.

Washington State Applicants or Employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Cargo Claims

Have you had any cargo claims in the past 4 years?

Yes No

List all claims, preventable, non-preventable, regardless of \$\$ amount or fault in the past 4 years. If none, write "None"

Month/Year	Type of Claim	\$\$ Amount of Claim	Type of Cargo	Were you charged for the claim?

List any Truck Driving Schools you have attended, dates of completion, and other safety training:

Lynch Livestock, Inc. Applicants

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to conduct current and previous employer's references or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this company to release any past or present information requested, including but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

In connection with my application for employment with this Company, I understand that I have the right to review, correct or rebut any information obtained from former employers requested by this Company

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview or a road test is intended to create an employment contract between this Company and myself, for either employment, authorization to drive, or for the providing of any benefits. No promises regarding employment or authorization to drive have been made to me, and no such promises exist unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Print Name

Applicants Signature

Date

Lynch Livestock Applicants

MANDATORY USE FOR ALL ACCOUNT HOLDERS NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

1. In connection with your application for employment with Lynch Livestock ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing. If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Lynch Livestock ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print)