FOOD INSPECTOR APPLICATION

YOU MAY COMPLETE AND SUBMIT THE FOLLOWING QUESTIONS IN-LIEU-OF SUBMITTING THE OF-612, OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT, OR A RESUME FOR THE OCCUPATION OF FEDERAL FOOD INSPECTOR. PLEASE PRINT OR WRITE CLEARLY IN INK.

NAME: _____
(LAST) (FIRST) (MI)

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

_____

TELEPHONE NUMBERS: _____ _____
(DAYTIME) (EVENING)

1. Are you a citizen of the United States?

_____ Yes _____ No

2. Do you have a bachelor degree from an accredited college or university? If yes, you MUST provide, with this application, a copy of your transcript for specific course evaluation. CREDIT CANNOT BE GIVEN WITHOUT A COPY OF YOUR TRANSCRIPT.

_____ Yes _____ No

For the following questions, if you answer yes, provide the Beginning and Ending date of employment (Month and Year), Name and address of the company, the average number of hours worked per week, and a detailed description of your duties. Your experience must demonstrate your knowledge, judgment, interpretive ability, and technical skills associated with the production of a finished product which meets all prescribed standards of quality and conforms with approved production methods.

3. Have you ever worked in a meat and/or poultry slaughter or Processing plant? (Do not include work which is/was of a non-technical, repetitive nature)

_____ Yes _____ No

Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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4. Have you ever worked as a meat cutter or a butcher in a wholesale or retail meat and/or poultry business? (Do not include work such as deli slicing and assembly of sandwich items or meat wrapping)

_____ Yes _____ No

Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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5. **Do you have quality control or laboratory analytical experience in the food industry or a similar production environment?**

_____ Yes _____ No

Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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6. Have you ever worked as a manager or supervisor in the food industry (restaurants, etc.) or livestock industry (full scale commercial or industrial livestock or poultry enterprises, etc.)?

_____ Yes _____ No

Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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7. Have you ever worked as a chef or cook in a commercial establishment? (Do not include work in a fast food establishment or deli)

_____ Yes _____ No

Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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8. Have you ever worked as a Veterinary Technician / Animal Health Technician?

_____ Yes _____ No

Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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Dates of employment: _____ _____
Month/Year Month/Year

Company Name: _____

Company Address: _____

Hours worked per week: _____

Duties: _____

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9. Do you claims veterans' preference?

_____ Yes _____ No

If you claim preference you must provide a copy of your DD-214 with this questionnaire. In addition, if you claim 10 points you must provide an Application for 10-Point Preference (SF-15), and the proof indicated on that form.

10. Were you ever a Federal civilian employee?

_____ Yes _____ No

If yes, provide the following information:

Series: _____ Grade: _____ From: _____ To: _____

11. Are you eligible for reinstatement based on career or career-conditional Federal status?

_____ Yes _____ No

If yes, you must provide a copy of your separation SF-50 with this questionnaire.

All information on and attached to this application is subject to verification. False or fraudulent information on or attached to this application may be grounds for not hiring you or for firing you after you begin work, and may be punishable by fine or imprisonment.

SIGNATURE: _____

DATE SIGNED: _____