

Food Processing Industry Recruiting Disclosure Statement
Izjava o otkrivanju podataka o zapošljavanju u prehrambenoj industriji

<p>1. Employer name, address, phone number <i>Ime poslodavca, adresa, broj telefona</i></p>	<p>2. Person recruited name, address, phone number <i>Ime osobe koja se zapošljava, adresa, broj telefona</i></p>
<p>3. Nature of work to be performed (be specific)/ <i>Vrsta posla koji se obavlja (budite konkretni):</i></p>	
<p>4. Wage rate /Plata: \$_____ per /po _____ Nature and amount of deductions for / <i>Vrsta i iznos odbitaka za</i> Tools /alate: _____ Clothing /odjeću: _____ Supplies/potrepštine: _____ Other (be specific)/<i>drugo (budite konkretni):</i></p>	
<p>5. Duration of employment/<i>Trajanje radnog odnosa:</i> _____ Anticipated hours of work per week/<i>Predviđeno radno vrijeme sedmično:</i> _____ Overtime per week/<i>Prekovremeni rad sedmično:</i> _____ Anticipated slow-down or shutdown, or if hours of work per week vary more than 25%/<i>Predviđeno usporavanje ili prekid rada, ili ako radni sati sedmično variraju više od 25%:</i></p>	
<p>6. Benefits available to person recruited/<i>Beneficije dostupne osobi koja se zapošljava:</i> Health Insurance Plan/<i>Plan zdravstvenog osiguranja:</i> _____ Sick Leave/<i>Bolovanje:</i> _____ Paid Vacation/<i>Plaćeni godišnji odmor:</i> _____ Any other item of value offered, and allocation of costs of item between employer and person recruited/<i>Bilo koja druga ponuđena vrijedna stavka i podjela troškova stavke između poslodavca i osobe koja se zapošljava:</i></p>	
<p>7. Transportation and relocation arrangements with allocation of costs between employer and person recruited/<i>Aranžmani prijevoza i preseljenja s podjelom troškova između poslodavca i osobe koja se zapošljava:</i></p>	

This material can be provided to you in different formats (Braille, large print or audio) if you call (651) 284-5005 or 1-800-342-5354. Ovaj materijal može vam se dostaviti u različitim formatima (Brajevo pismo, veliki format slova ili audio) ako nazovete (651) 284-5005 ili 1-800-342-5354.

8. Housing furnished to person recruited/ *Stan namješten za osobu koja se zapošljava*: No/Ne _____ Yes/Da _____ Cost/Cena \$ _____ / _____
Description/Opis:

9. Workers' compensation coverage: insurer name, address, phone number/ *Osiguranje za obeštećenje radnika*: ime osiguravatelja, adresa, broj telefona:

This statement must be completed, signed, and dated by both the employer's representative and any person recruited outside of Minnesota for work in the Minnesota food processing industry. A copy of this statement must be provided to the person recruited at the time of recruitment. *Ovu izjavu mora ispuniti, potpisati i datirati predstavnik poslodavca i bilo koja osoba angažovana izvan savezne države Minesota za rad u prehrambenoj industriji Minesote. Primjerak ove izjave mora se dati osobi koja se zapošljava u trenutku zapošljavanja.*

THIS IS NOT AN EMPLOYMENT CONTRACT
OVO NIJE UGOVOR O RADU

I have received a copy of this statement
Dobio/la sam primjerak ove izjave

Signature of employer's representative /
Potpis predstavnika poslodavca

Signature of person recruited /
Potpis osobe koja se zapošljava

Date /
Datum