

**Food Processing Industry Recruiting Disclosure Statement
Lub Chaw Ua Hauj Lwm Ntim Zaub Mov Daim Ntawv Qhia Txog Txais Neeg Ua Hauj Lwm**

<p>1. Employer name, address, phone number <i>Lub npe ntawm lub chaw ua hauj lwm, lub chaw nyob, tus lej xov tooj</i></p>	<p>2. Person recruited name, address, phone number <i>Lub npe ntawm tus neeg xav kom tua ua hauj lwm, lub chaw nyob, tus lej xov tooj</i></p>
<p>3. Nature of work to be performed (be specific) /<i>Yam hauj lwm yuav tau ua (sau qhia kom meej):</i></p>	
<p>4. Wage rate /<i>Nyaj them: \$_____ per /Tauj _____</i> Nature and amount of deductions for /<i>Nyaj txiav tawm rau tej yam dabsi ntau npaum cas rau:</i> Tools /<i>Cov cuab yeej: _____</i> Clothing /<i>Khaub ncaws: _____</i> Supplies/<i>Cov khoom siv: _____</i> Other (be specific)/ <i>Lwm yam (sau qhia kom meej):</i></p>	
<p>5. Duration of employment/ <i>Ua hauj lwm ntev npaum cas: _____</i> Anticipated hours of work per week/ <i>Npaj tias yuav ua hauj lwm tsawg xuab moo tauj ib asthiv: _____</i> Overtime per week/ <i>Xuab moo ua hauj lwm overtime tauj asthiv: _____</i> Anticipated slow-down or shutdown, or if hours of work per week vary more than 25%/ <i>Npaj tias qhov hauj lwm yuav muaj tsawg zog los yog muab kaw, los yog cov xuab moo tauj ib asthiv yuav sib txawv ntau tshaj 25%</i></p>	
<p>6. Benefits available to person recruited/ <i>Muaj cov txiaj ntsim pab rau tus neeg xav kom tuaj ua hauj lwm:</i> Health Insurance Plan/ <i>Cov Ntawv Iv Suas Las pab them nqi kho mob: _____</i> Sick Leave/ <i>Cov Xuab Moo Sick Leave: _____</i> Paid Vacation/ <i>Cov xuab moo them rau Vacation: _____</i> Any other item of value offered, and allocation of costs of item between employer and person recruited/ <i>Puas muaj lwm yam muaj nqis es kam pub rau, thiab tej nqi them kom nyaib chaw nyog ntawm los ntawm lub chaw ua hauj lwm thiab tus neeg es txais tuaj ua hauj lwm:</i></p>	
<p>7. Transportation and relocation arrangements with allocation of costs between employer and person recruited/ <i>Tau teem caij kom thauj tau mus thiab rhais chaw nyob nrog rau qhov nyiaj es muab them rau qhov nuj nqis ntawv los ntawm lub chaw ua hauj lwm thiab tus neeg es xav kom tuaj ua hauj lwm:</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. / Daim ntawv no yeej muab tau rau koj es yog lwm hom formats (siv ntiv tes xuas, luam kom loj loj los yog muab kaw ua lus) yog tias koj hu rau (651) 284-5005 los yog 1-800-342-5354.

8. Housing furnished to person recruited/ *Kho lub tsev nyob rau tus neeg xav kom tuaj ua hauj lwm:*

No/ *Tsis muaj* _____ Yes/ *Muaj* _____ Cost/ *Tus nqi \$* _____ / _____

Description/ *Sau piav kom meej:*

9. Workers' compensation coverage: insurer name, address, phone number/ *Them nyiaj rau thaum raug mob pem hauj lwm: lub npe ntawm lub chaw yuav qhov iv suas lav, lub chaw nyob, tus lej xov tooj*

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. / *Cov nqi lus no yuav tsum tau ua kom tiav, kos npe, thiab sau hnuv vas thib rau los ntawm ob tog neeg xws li tus neeg sawv cev rau lub chaw ua hauj lwm thiab ib tus neeg twg es nyob txawv ntawm lub lav Minnesota es xav kom nws tua hauj lwm rau hauv lub lav Minnesota qhov chaw ntim zaub mov.*

THIS IS NOT AN EMPLOYMENT CONTRACT

DAIM NTAWV NOV TSIS YOG DAIM NTAWV COG LUS UA HAUJ LWM

I have received a copy of this statement

Kuv yeej tau txais ib daim qauv ntawm daim ntawv nov lawm

Signature of employer's representative

Tus neeg sawv cev rau lub chaw ua hauj lwm kos npe

Signature of person recruited

Tus neeg xav kom tuaj ua hauj lwm kos npe

Date

Hnuv tim