

**Food Processing Industry Recruiting Disclosure Statement  
Bayaanka Shaacinta Shaqaalaysiinta Warshada Habaynta Cuntada**

<p>1. Employer name, address, phone number <i>Magaca, cinwaanka, lambarka taleefanka loo shaqeeyaha</i></p>	<p>2. Person recruited name, address, phone number <i>Qofka la soo qoray magaciisa, cinwaankiisa, lambarka telefoonkiisa</i></p>
<p>3. Nature of work to be performed (be specific)/ <i>Nooca ay tahay shaqada la qabanayo (si cayiman u sheeg):</i></p>	
<p>4. Wage rate \$_____ per _____ / <i>Heerka mushaharka \$_____ halkii _____</i>          Nature and amount of deductions for / <i>Nooca ay yihiin iyo qadarka lcagaha laga jarayo:</i>          Tools/ <i>Qalabka:</i> _____ Clothing/ <i>Dharka:</i> _____ Supplies/ <i>Alaabada:</i> _____          Other (be specific)/ <i>Wax kale (si cayiman u sheeg):</i></p>	
<p>5. Duration of employment/ <i>Muddada shaqada:</i> _____          Anticipated hours of work per week/ <i>Saacadaha shaqada ee la filayo todobaadkiiba:</i> _____          Overtime per week/ <i>Wakhtiga saacadaha dheeraadka ah todobaadkii:</i> _____          Anticipated slow-down or shutdown, or if hours of work per week vary more than 25%/ <i>Hoos u dhaca saacadaha ama xiritaan la filayo, ama haddii saacadaha shaqadu ay kala duwan yihiin in ka badan 25%:</i></p>	
<p>6. Benefits available to person recruited/ <i>Nacfiyada uu heli karo qofka la shaqaaleysiiyay:</i>          Health Insurance Plan/ <i>Qorshaha Caymiska Caafimaadka:</i> _____          Sick Leave/ <i>Fasaxa jirada:</i> _____          Paid Vacation/ <i>Fasaxyada Faakeshinka ah ee Lacagta leh:</i> _____          Any other item of value offered, and allocation of costs of item between employer and person recruited/ <i>Wax kasta oo kale oo qiimo leh oo la bixiyo, iyo u kala qaybinta kharashyada shaygaas ee loo kala qaybinayo in ay bixiyaan loo shaqeeyaha iyo qofka la shaqaaleeyay:</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./ Qalabkan waxa lagu bixin karaa qaabab kala duwan (Braille, far waaweyn ama cod ahaan) haddii aad soo wacdo (651) 284-5005 ama 1-800-342-5354.*

7. Transportation and relocation arrangements with allocation of costs between employer and person recruited/  
*Gaadiidka iyo qorshaynta soo guuritaanka oo ay la socoto u kala qaybinta kharashyada shaygaas ee loo kala qaybinayo in ay bixiyaan loo shaqeeyaha iyo qofka la shaqaaleeyay:*

8. Housing furnished to person recruited/ *Alaabo dhigista guriyeynta loo diyaariyey qofka la shaqaaleeyey:*  
No/ *Maya* \_\_\_\_\_ Yes/ *Haa* \_\_\_\_\_ Cost/ *Qiimaha* \$ \_\_\_\_\_ / \_\_\_\_\_  
Description/ *Faahfaahinta:*

9. Workers' compensation coverage: insurer name, address, phone number/ *Caymiska magdhawga shaqaalaha:*  
*magaca caymiska, ciwaanka, lambarka taleefanka:*

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. / *Bayaankan waa in ay buuxiyaan, saxeexaan, oo taariikhda ku qoraan wakiilka loo shaqeeyaha iyo qof kasta oo laga soo shaqaaleysiyo meel ka baxsan Minnesota si uuga uga shaqeeyo shaqada warshadaha cuntada ee Minnesota. Nuqul ka mid ah bayaankan waa in la siiyo qofka la soo shaqaaleeyey wakhtiga shaqaalaynta.*

**THIS IS NOT AN EMPLOYMENT CONTRACT**  
**KANI MAAHA QANDARAAS SHAQO**

I have received a copy of this statement  
*Waxaa la i siiyey koobi ka mid ah bayaankan*

\_\_\_\_\_  
Signature of employer's representative  
*Saxeexa wakiilka loo shaqeeyaha*

\_\_\_\_\_  
Signature of person recruited  
*Saxeexa qofka la soo shaqaaleeyey*

\_\_\_\_\_  
Date  
*Taariikhda*