



Application for Employment

We consider applicants for all positions without regard to race, sex, color, religion, sexual orientation, national origin, age, marital or veteran status, disability, or any other legally protected status

(PLEASE PRINT)

Position(s) Applied For			Today's Date		
How Did You Learn About Us					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number			Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If YES give date: _____

Have you ever been employed with us before? Yes No
If YES give date: _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of Citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? (*Conviction will not necessarily disqualify an applicant from employment*) Yes No
If YES, please explain: _____

Do you consent to a chemical or other analysis to determine or rule out the presence of non-prescribed or prohibited, controlled substances? Yes No
If YES, please sign and date the attached consent release form



Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sexual orientation, national origin, disability or any other protected status.

Employer	DATES EMPLOYED		WORK PERFORMED
Address	FROM	TO	
Telephone Number			
Job Title	HOURLY RATE/SALARY		
Supervisor	STARTING	FINAL	
Reason For Leaving			
Employer	DATES EMPLOYED		WORK PERFORMED
Address	FROM	TO	
Telephone Number			
Job Title	HOURLY RATE/SALARY		
Supervisor	STARTING	FINAL	
Reason For Leaving			
Employer	DATES EMPLOYED		WORK PERFORMED
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Reason For Leaving			
Employer	DATES EMPLOYED		WORK PERFORMED
Address	FROM	TO	
Telephone Number			
Job Title	HOURLY RATE/SALARY		
Supervisor	STARTING	FINAL	
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.



Education

	ELEMENTARY SCHOOL				HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL			
School Name & Location																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Course of Study																
Describe any specialized training, apprenticeship, skills and extra curricular activities																
Describe any honors you have received																
State any additional information you feel may be helpful to us in considering your application																

Please indicate any foreign languages you can speak, read or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status:

REFERENCES
Please give the names, addresses and telephone numbers of three references who are not related to you and are not previous employers:

1.
2.
3.

Have you ever had any job-related training in the United States Military? Yes No

If YES, please describe: _____



Consent and Release

I, _____ [applicant name], as an applicant of Miceli Dairy Products Company (hereinafter the “Company”), hereby acknowledge that the Company’s policy requires me to submit a sample of my urine for chemical or otherwise analysis.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my urine.

I hereby freely and voluntarily consent to this request for a urine specimen and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents and contractor from any and all liability whatsoever arising from this request for a urine sample, from the testing of the urine sample, and from decisions made concerning my application for employments based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I understand that refusal to take this test, attempts to adulterate the sample, or a positive test for non prescribed or prohibited controlled substances will result in the Company denying my application for employment.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug testing program and that all my inquiries have been answered.

Applicant Signature _____

Date _____

Witness Signature _____



Employment Data Record

Employees are treated during employment without regard to race, color, religion, sexual orientation, national origin, age, marital or veteran status, disability or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of you Application for Employment or Personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(PLEASE PRINT)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name						
Address	Number	Street	City	State	Zip Code	
Telephone Number			Social Security Number			

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

Current Job		
Check One:		Age:
Check one of the following: <i>(Ethnic Origin)</i>		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander