



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All employment decisions are made without regard to unlawful considerations of race, sex, sexual orientation, gender identity, religion, national origin, age, disability, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

Location _____ Today's Date _____ Position Desired _____

LAST NAME FIRST MIDDLE

STREET ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

If you have worked for us before, state date you left and reason for leaving.

Do you have any relatives employed by us? Yes _____ No _____

If yes, please provide name(s).

If required, are you willing to work over time? Yes _____ No _____

Minimum Salary Desired _____ Date Available to Start _____

Full time _____ Part time _____ Temporary _____

Are you over the age of 18? Yes _____ No _____
If no, you will be required to submit a work permit, if hired.

Please indicate the specific hours you are available to work during both day and evening shifts for each day.

Shift	SUN	MON	TUES	WED	THUR	FRI	SAT
Day							
Evening							

Note: Should your availability change, it is your responsibility to notify your supervisor.

In order to permit a check of your background, have you ever used another name, nickname or alias? Yes _____ No _____
If yes, identify name(s) and relevant date(s):

WORK EXPERIENCE (List your previous experience beginning with your most recent position. Attach second sheet if necessary. Account for min. 10 years)

EMPLOYER

STREET ADDRESS CITY STATE ZIP

PHONE SUPERVISOR

REASON FOR LEAVING

STARTING POSITION

LAST POSITION

DUTIES

DATES OF EMPLOYMENT START END

EMPLOYER

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DATES OF EMPLOYMENT START END

OTHER REFERENCES

NAME ADDRESS PHONE TITLE YEARS ACQUAINTED

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EDUCATION AND TRAINING

HIGH SCHOOL LOCATION YEARS COMPLETED

COLLEGE LOCATION YEARS COMPLETED MAJOR

ADDITIONAL TRAINING LOCATION YEARS COMPLETED MAJOR

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

Have you ever been dismissed or forced to resign from any employment? YES NO

If yes, please explain:

Blank lines for explanation of employment history inquiries.

CAREER OBJECTIVE

Why are you interested in working for Straus Family Creamery and what are your career objectives?

Blank lines for career objectives.

EMERGENCY NOTIFICATION DESIGNATION

Give name of person to contact in case of emergency:

NAME

TELEPHONE

RELATION TO YOU

REFERRAL SOURCE

How did you learn of Straus?

Walk-In On-Line Other

Advertisement - which?

Employee Referral/ Employee name:

APPLICANT CERTIFICATION AND RELEASE

Read carefully before signing application.

I hereby certify that the information given by me in this employment application is true and correct and contains no material omissions of any kind.

I hereby authorize Straus Family Creamery to thoroughly investigate my background and fitness for employment, including, but not limited to, an investigation of all the information provided in this employment application.

This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA).

I understand and agree that if I am hired, my employment relationship with Straus Family Creamery is at-will, which means that it may be terminated at any time, with or without cause and with or without notice, by either me or Straus Family Creamery.

Signature / Date