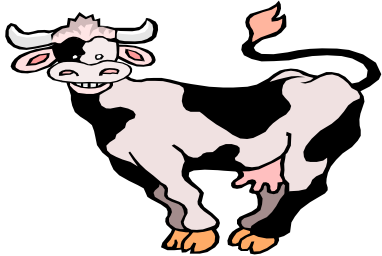


The Old Dairy, Inc.  
210 S. Lafayette St.  
Macomb, IL 61455  
(309) 837-6700



## EMPLOYMENT APPLICATION

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, past or present disability, sex, or any other characteristic protected by applicable state and federal law.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony within the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**POSITION/SCHEDULE**

Identify the position for which you are applying: \_\_\_\_\_

Availability: \_\_\_\_\_

Specific days/times you are unavailable for work: \_\_\_\_\_

Are you currently attending school/college? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any extended breaks from school that may interfere with your attendance on the job (please include dates): \_\_\_\_\_

All team members will be required to work weekends and holidays depending upon seasonal business conditions.

Are you willing to work Saturdays? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work Holidays? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION**

School Level	Name/Location of School	# of Yrs. Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade or correspondence				
Other				

**PAST 10 YEARS WORK EXPERIENCE (List most recent first)**

Dates Employed: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Your Position: \_\_\_\_\_

Salary: \_\_\_\_\_ May we contact this employer for a reference check? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Dates Employed: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Your Position: \_\_\_\_\_

Salary: \_\_\_\_\_ May we contact this employer for a reference check? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Dates Employed: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Your Position: \_\_\_\_\_

Salary: \_\_\_\_\_ May we contact this employer for a reference check? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_