

Employment Application

Oregon Dairy is an equal opportunity employer. Please complete this application in its entirety. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, age, handicap, disability, liability for service in the armed forces, citizenship, or any other characteristics protected by federal, state or local laws.



Personal Information

Date: _____

First Name: _____ Last Name: _____ Middle Int. _____

Address _____ City _____ State _____ Zip _____

Email Address: _____ Phone Number: (____) _____

Are you 18 years of age? Circle **YES** or **NO** If under 18, when is your birthday? _____

Desired Position: _____ Employment Type Desired: Circle **Full Time** or **Part Time**

Expected Salary Range: _____ Are you currently employed? _____ First Date Available: _____

List Friends/Family Employed at Oregon Dairy: _____

Have you previously worked at Oregon Dairy? _____ If Yes, when? _____ What Position? _____

Schedule and Availability

Number of hours you would like to work per week: _____

Please list your regular times of availability each day:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

Education

	Name of School	Grade Completed
High School		
College		
Other (Specify)		

Employment History

List your previous employment experience, starting with your most recent place of employment.

Dates of Employment	Name & Phone Number of Employer	Job Title

General Information

Activities/Hobbies: _____

U.S. Military: _____ Rank: _____

References

List the names of two persons not related to you, whom you have known for at least one year.

Name	Phone Number	# of Years Acquainted

"I certify that all the information submitted by me on this application is true and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered."

Applicant Signature: _____ Date: _____