



APPLICATION FOR EMPLOYMENT



Welcome Home!

(AN EQUAL OPPORTUNITY EMPLOYER)

Welcome Home!

Submit to any Valley Dairy location or apply online at www.valleydairy.com.
Please print and answer all questions as completely as possible to ensure proper processing.

Date: _____ Position Applied for: _____ Location preferred: _____

Referred by: Advertisement Walk-In Current Employee _____ Other _____

Personal Data:

Name: First _____ Middle _____ Last _____ Other or Maiden _____

Current Address: _____
(Street) (Unit) (City) (State) (Zip Code)

Permanent Address: _____
(Street) (Unit) (City) (State) (Zip Code)

Phone #: _____ Email: _____

Are you 18 years or older? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you ever been employed by Valley Dairy or Valley Car Wash? Yes No

If yes, which location? _____ Dates: _____

Availability:

How many hours per week would you like to work? _____ Date available to start: _____

What times of the day would you be willing to work (check all that apply):

Morning (4:30am-12pm) Days (6am-6pm) Afternoon/Evenings (3-11pm) Overnights (11pm-7am)

Hours Available to Work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Beginning:							
Ending:							

Education:

SCHOOL - CITY & STATE

YEARS ATTENDED

DID YOU GRADUATE?

DEGREE OR SUBJECT STUDIED

HIGH SCHOOL

COLLEGE/VOCATIONAL

In Case of Emergency Notify:

Name: _____ Address: _____ Phone #: _____

References: (Give the names of 2 people not related to you, whom you have known at least 1 year.)

Name

Phone

Business

Years Acquainted

- _____
- _____

Other Information: (answering "yes" does not automatically disqualify candidate)

Have you ever been convicted of a misdemeanor or felony charge? Yes No

If yes, please explain giving dates and details _____

Employment Experience: (List all positions, starting with your *present or most recent job*. Include military service.)

Employer	Employment Dates (mm/dd/yyyy) From: To:	Job Title
Address City State	Phone	Supervisor's Name
Duties and Responsibilities		Wage/Salary START: \$ FINAL: \$

Reason for Leaving: Resigned With Notice Resigned Without Notice Terminated Other _____

Please Explain _____

To the best of your knowledge, would this employer rehire you? Yes No

Employer	Employment Dates (mm/dd/yyyy) From: To:	Job Title
Address City State	Phone	Supervisor's Name
Duties and Responsibilities		Wage/Salary START: \$ FINAL: \$

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Please Explain _____

To the best of your knowledge, would this employer rehire you? Yes No

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application, or if discovered after I am employed, may result in my dismissal.

I authorize VALDAK Corporation to conduct, at its discretion, felony convictions and motor record searches. I also authorize investigation of all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, reason for termination, character, salary history and other relevant information determined by VALDAK Corporation. I release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or Company medical examination or inquiry, including a drug screen test. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, at the option of either the Company or myself. I understand that no manager, supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of employment or my continued employment, that I may be requested by the Company to submit to drug screen test and that my failure to take such a test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am employed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above

Signature: _____ Date: _____

OFFICE USE ONLY	Dept: _____	Start Date: _____	Rate of Pay: _____
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