



Welcome Home!

**PHOTO ID REQUIRED AT TIME OF INTERVIEW**

You may drop your application off at any Valley Dairy / Valley Car Wash Location



Welcome Home!

**APPLICATION FOR EMPLOYMENT**

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date: \_\_\_\_\_ Position Applied for \_\_\_\_\_ Location \_\_\_\_\_

Referred by: Advertisement \_\_\_\_\_ Walk-in \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Other or Maiden \_\_\_\_\_

Address: \_\_\_\_\_ Unit # \_\_\_\_\_  
Street City State Zip code

Permanent Address: \_\_\_\_\_ Unit # \_\_\_\_\_  
Street City State Zip code

Phone No. \_\_\_\_\_ Are you 18 yrs or older? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you ever been employed with Valley Dairy or Valley Car Wash? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

How many hours per week would you like to work? \_\_\_\_\_ Date available to start \_\_\_\_\_

What times of the day would you like to work? (check all that apply)

Days \_\_\_\_\_ Afternoon/Evenings (3-11pm) \_\_\_\_\_ Nights 11pm-7am \_\_\_\_\_ Other \_\_\_\_\_

Hours Available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Have you ever been convicted of a crime other than a routine traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates and circumstances \_\_\_\_\_  
(Conviction does not automatically bar candidate)

***In case of emergency notify:***

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No \_\_\_\_\_

EDUCATION	SCHOOL NAME, CITY & STATE	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

List any special skills and qualifications acquired from past employment \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** Start with your **PRESENT** or *most recent job*. Include military service.

1.	Employer	Job Title	Employment Dates - Include MM/DD/YY FROM: TO:
	City / State	Supervisor	Wage/Salary START \$ FINAL: \$
	Telephone Number(s)	Duties and Responsibilities	
	Reason for leaving:		

  

2.	Employer	Job Title	Employment Dates - Include MM/DD/YY FROM: TO:
	City / State	Supervisor	Wage/Salary START \$ FINAL: \$
	Telephone Number(s)	Duties and Responsibilities	
	Reason for leaving:		

  

3.	Employer	Job Title	Employment Dates - Include MM/DD/YY FROM: TO:
	City / State	Supervisor	Wage/Salary START \$ FINAL: \$
	Telephone Number(s)	Duties and Responsibilities	
	Reason for leaving:		

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

	Name	Address	Phone #	Business	Yrs Acquainted
1.	_____				
2.	_____				

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 or 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 of Applicant

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	Dept.	Start Date	Rate Of Pay
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