

Employment Application

INSTRUCTIONS - Each question/part must be fully and accurately completed. Further consideration may not be given until all questions/parts have been completed.

Name

Phone - Home

Phone - Cell

Email

Address

List the Job Position/Title for Which You Are Applying:

1st Choice:

2nd Choice:

3rd Choice:

Are you applying for a driver position?

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, religion, national origin, color, sex, sexual orientation, gender identity, age, disability, pregnancy and pregnancy-related conditions including childbirth, or veteran status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related performance factors.

The fact that this application has been provided to you does not necessarily mean there are positions available and does not in any way obligate the Company to offer you employment. Do not provide any information unless the application specifically requests it.

Are you over 18 years or age?

Date of Birth

Have you filed an application with this company before?

If Yes, When?

Have you been employed with this company before?

If Yes, When?

Are you a citizen of the United States?

If No, are you in the U.S. under a Visa?

On what date would you be available for work?

Is there any additional information concerning a change of your name or use of another name which would help us check your work record?

If Yes, please explain:

Were you in the Armed Services?

If Yes, what branch?

If Yes, please detail what job experience you gained there:

Education

High School:

High School Address (City, State):

If you did not finish high school, have you obtained your GED?

College:

Location:

College Major:

Degree:

Please list any additional education, vocational technical training you have had and/or equipment operated (Example: Welding class, diesel engine repair, etc.):

Have you been convicted of a crime or pleaded nolo contendere (no contest) to a criminal offense (other than traffic violations) in the past 10 years?

If yes, complete the following and list all instances even if adjudication was withheld:

Name (at time of conviction or plea)

Date

Charge

Law Agency

Disposition

***Note: a "Yes" response does not automatically disqualify an applicant from employment.**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for who the applicant operation such vehicle. (NOTE: List employers in recent order starting with the most recent.)

EMPLOYER**Name****Phone****Address****Immediate Supervisor****Phone****Dates you were employed****From:****To:****Hourly rate of pay; or annual salary:****Reason for leaving or looking to leave if still employed?****List all positions held, job duties and the approximate length of time you worked at each job:****Do we have permission to contact this Company?****Where you subject to the FMCSRs while employed?****Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?**

EMPLOYER**Name****Phone****Address****Immediate Supervisor****Phone****Dates you were employed****From:****To:****Hourly rate of pay; or annual salary:****Reason for leaving or looking to leave if still employed?****List all positions held, job duties and the approximate length of time you worked at each job:****Do we have permission to contact this Company?****Where you subject to the FMCSRs while employed?****Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?**

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ACCIDENT

Accident Record for past 3 years or more. If none, write **NONE**.

Date

Nature of accident

Fatalities

Injuries

Hazardous Material Spill

Do you have a second accident to add?

Date

Nature of accident

Fatalities

Injuries

Hazardous Material Spill

Do you have a third accident to add?

Date

Nature of accident

Fatalities

Injuries

Hazardous Material Spill

Traffic Convictions

Traffic convictions and forfeitures for the past 3 years. If NONE, write **NONE**.

Location

Date

Charge

Penalty

Do you have a second traffic conviction?

Location

Date

Charge

Penalty

Do you have a third traffic conviction?

Location

Date

Charge

Penalty

Experience and Qualifications

List all driver licenses or permits held in the past 3 years.

State

License No.

Type

Expiration Date

Do you have a second license and/or permit to add?

State

License No.

Type

Expiration Date

Do you have a third license and/or permit to add?

State

License No.

Type

Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

If the answer is YES, give details.

Has a license, permit or privilege ever been suspended or revoked?

If the answer is YES, give details.

YOU MUST READ THE FOLLOWING STATEMENTS CAREFULLY

PUT YOUR INITIALS BY EACH STATEMENT ON THE LINE PROVIDED. YOU MUST **SIGN YOUR NAME** AND PUT IN THE DATE ON THE BOTTOM OF THIS PAGE.

This Company is an Equal Opportunity Employer and considers all applicants for employment without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, age, pregnancy or pregnancy-related condition including childbirth, veteran's status, or mental or physical disability (unless the disability prevents acceptable performance or creates a safety hazard with the work involved) or veteran status. (Your initials)

I understand that either misrepresentations or omissions of facts called for on this application are causes for rejection of this application; or for subsequent dismissal from employment. (Your initials)

I agree not to make further inquiries or ask questions about the status of my application either by telephone or visits to any Company office or job site once I have submitted it. (Your initials)

I understand that before I am employed I may be required to give a Company-directed demonstration to indicate my level of ability to perform certain jobs/tasks for which I may be considered for employment. (Your initials)

If I am employed, I agree to comply with and be bound by the safety and work rules and other rules, regulations, and policies of the Company. (Your initials)

I understand and accept that I must successfully complete the Company's Introductory Period if I am hired. (Your initials)

I authorize a blanket investigation of all statements contained in this application and do hereby release any and all persons, companies, educational institutions, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. (Your initials)

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually begin work. (Your initials)

I understand that I will be required to provide the Company with appropriate documentation to establish that I am either a U.S. citizen, U.S. national, or, if neither, that I am legally authorized to work in the United States. (Your initials)

I acknowledge and represent that I am not bound by any agreement or covenant of any kind that limits or restricts me from competing with any former employer, disclosing any confidential information or trade secrets, or contacting any former co-workers or customers with whom I have dealt. (Your initials)

I have read and understood the contents of this application. (Your initials)

Your Signature:

Date

Voluntary Self-Identification

Why are you being asked to complete this form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), tollfree, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. (Continued on back) HR GDC AAP 9/2014 As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classification of protected veteran listed above.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Under the affirmative action obligations imposed by the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), Galliker Dairy Company shall abide by the requirements of 41 CFR 60.300.5(a). This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action to employ and advance in employment qualified protected veterans at all levels of employment, including the executive level.

Your Name

Today's Date

Voluntary Self-Identification of Disability

How do I know if I have a Disability?

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please state yes or no:

Your Name:

Today's Date:

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such a collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

EEO Data Reporting Form

The federal government requires the following information to be collected for statistical reporting as a part of **Galliker Dairy Company's** Affirmative Action Program. All responses are voluntary. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. **The form will be removed by the Human Resource Department prior to being forwarded to the respective department for consideration.**

Position for which you are applying:

- Driver
- Garage Mechanic
- Lab
- Maintenance Tech
- Office/Clerical
- Official/Manager
- Plant/Laborer
- Salesperson

Sex

Race

Date

Last Name:

First Name:

Galliker Dairy Company is an Affirmative Action Employer subject to E.O. 11246, the Rehabilitation Act of 1973 and The Vietnam Era Veterans Readjustment Act. These laws require us to collect various types of employment data. The information on this sheet is being collected on a purely voluntary basis. This sheet will be separated from the employment application and the information herein will be used for statistical purposes only.

Date

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigation my safety performance history as required by 49 CFR 391.23(d) and (3). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Your Name

Date