

Application for Employment

Walnut Creek Foods Walnut Creek Cheese
Walnut Creek Manufacturing
2617 State Route 39 PO Box 240
Walnut Creek OH 44687

Phone 330.893.3895 Fax 330.852.6350

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, any other legally protected status or a non-job related medical condition or handicap.

Last

First

Middle

Name: _____ Date: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Social Security Number _____

Position applied for: _____

Location applied for: _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____ Do you require company transportation?
Yes No

Are you prevented from lawfully becoming employed in this country because of Visa
or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Are you of legal age to work? Yes No Can you travel if a job requires it? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

May we contact your present employer? Yes No If "no" when may we contact? _____

Some jobs require age to be 18 or older. Are you 18 years old or older? Yes No

Have you been convicted of a felony within the last seven years? Yes No

If "yes" please explain _____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Previous Employment

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or protected status.

Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____

Dates Employed: from _____ to _____
Hourly Rate/Salary: starting _____ final _____
Work Performed: _____
Reason For Leaving _____

Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____

Dates Employed: from _____ to _____
Hourly Rate/Salary: starting _____ final _____
Work Performed: _____
Reason For Leaving _____

Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____

Dates Employed: from _____ to _____
Hourly Rate/Salary: starting _____ final _____
Work Performed: _____
Reason For Leaving _____

Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____

Dates Employed: from _____ to _____
Hourly Rate/Salary: starting _____ final _____
Work Performed: _____
Reason For Leaving _____

Special Skills and Qualifications

Summarize special job-related skills, qualifications, or any other information that you feel may help us in considering your application.

Military Service

Branch of U.S. Service: _____ Date Entered: _____ Date Discharged: _____

Describe any Relevant Training Received: _____

Educational Background

Grammar School:

Name and Location: _____ Years Completed _____

High School:

Name and Location: _____ Years Completed _____

College:

Name and Location: _____ Years Completed _____

Vocational or other Training:

Name and Location: _____ Course of Study _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employee.

Signature of Applicant

Date