

Old Europe Cheese, Inc.

An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME		FIRST	MIDDLE	DATE
STREET ADDRESS			CITY	STATE
			ZIP	HOME PHONE () -
SOCIAL SEC. NO		ARE YOU 18 YEARS OR OLDER?		MESSAGE PHONE () -
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NOT, HAVE YOU THE LEGAL RIGHT TO REMAIN AND WORK PERMANENTLY IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU WORKED FOR US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES WHEN?		LOCATION:
HAVE YOU EVER APPLIED TO OLD EUROPE CHEESE, INC. BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN AND WHERE?				
HAVE YOU BEEN CHARGED WITH A FELONY OR MISDEMEANOR WITHIN THE LAST (5) YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> DESCRIBE IF YES: ARE THERE ANY CHARGES PENDING AGAINST YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>				
STATE NAMES OF RELATIVES AND FRIENDS WORKING FOR US OTHER THAN YOUR SPOUSE:				
HAVE YOU ANY IMPAIRMENTS, PHYSICAL, MENTAL OR MEDICAL WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM CERTAIN JOBS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE LIMITATION:				

EMPLOYMENT DESIRED

POSITION DESIRED:	DATE YOU CAN START:	HOURLY WAGE DESIRED:	DESIRE: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU AGREE TO WORK NIGHTS IF REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SPECIAL TRAINING OR SKILLS: MACHINE OPERATION, LANGUAGE, ETC.			
GIVE THE NAMES OF (3) PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST (1) YEAR:			
NAME:	ADDRESS:	BUSINESS:	PHONE:
1.			() -
2.			() -
3.			() -
			YEARS ACQUAINTED:

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
ELEMENTARY				YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGH				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
BUSINESS OR TRADE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER				YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT		PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART TIME EMPLOYMENT RECORD. PRESENT OR MOST RECENT FIRST.	
1	COMPANY NAME	ADDRESS	TELEPHONE () -
	NAME OF SUPERVISOR	HOURLY WAGE:	EMPLOYED (State Month & Year) FROM: TO:
	JOB TITLE AND DESCRIBE WORK:	REASON FOR LEAVING:	
2	COMPANY NAME	ADDRESS	TELEPHONE () -
	NAME OF SUPERVISOR	HOURLY WAGE:	EMPLOYED (State Month & Year) FROM: TO:
	JOB TITLE AND DESCRIBE WORK:	REASON FOR LEAVING:	
3	COMPANY NAME	ADDRESS	TELEPHONE () -
	NAME OF SUPERVISOR	HOURLY WAGE:	EMPLOYED (State Month & Year) FROM: TO:
	JOB TITLE AND DESCRIBE WORK:	REASON FOR LEAVING:	
4	COMPANY NAME	ADDRESS	TELEPHONE () -
	NAME OF SUPERVISOR	HOURLY WAGE:	EMPLOYED (State Month & Year) FROM: TO:
	JOB TITLE AND DESCRIBE WORK:	REASON FOR LEAVING:	

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S ARMED FORCES:		BRANCH OF SERVICE:
	DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING:		PERIOD OF ACTIVE DUTY FROM: TO:
			RANK AT DISCHARGE:
			DATE OF DISCHARGE:

S I G N A T U R E	<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.</p>	
	DATE	SIGNATURE

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS		
	DO NOT WRITE BELOW THIS LINE		
	INTERVIEWED BY:	DATE:	
	COMMENTS:		
	APPEARANCE	RECOMMENDED ACTION	
	ENTHUSIASM	HIRE <input type="checkbox"/>	
	EDUCATION	DO NOT HIRE <input type="checkbox"/>	
	EXPERIENCE	CONSIDER FURTHER <input type="checkbox"/>	
	PERSONALITY	HIRED: YES <input type="checkbox"/> NO <input type="checkbox"/>	WAGE:
	INTELLIGENCE	POSITION:	DATE:
RATING OVERALL	PLANT:	SHIFT DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/>	
ADDITIONAL COMMENTS:	REPORTING DATE:	FULL TIME <input type="checkbox"/>	
		PART TIME <input type="checkbox"/>	
		INTERVIEW SCHEDULED FOR: _____ DAY	
		DATE TIME PLANT	