



AURORA ORGANIC DAIRY HOLDINGS APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information, sexual orientation, gender identity or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors and qualifications.

PERSONAL INFORMATION

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied for					Today's Date					
What type of employment are you seeking:		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	When could you start work?					
Last Name					First			M.I.		
Street or Physical Address							Apartment/Unit #			
P.O. Box										
City					State			ZIP		
Phone					E-mail Address					
Are you 18 years of age or older? (If hired, you may be required to submit proof of age.)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally eligible to work in the U.S.? (If hired, you will be required to furnish proof of your eligibility to work in the U.S.)					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to this company before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and where?						
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you related to anyone who works for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please state name and relationship.						

EDUCATION

High School or GED:					Location			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College:					Location			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Vocational or Technical:					Location			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. * Note: A job offer may be contingent upon acceptable verification from current and former employers.

*Applicants who served in the military are not required to list the reason for his or her discharge.

Employer	Phone
Address	Supervisor
Job Title & Responsibilities:	
From: _____ To: _____	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:	

Employer	Phone
Address	Supervisor
Job Title & Responsibilities:	
From: _____ To: _____	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:	

Employer	Phone
Address	Supervisor
Job Title & Responsibilities:	
From: _____ To: _____	May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving:	

REFERENCES

List three professional references not related to you.

Name	Relationship	Phone Number	Years Known:
1.			
2.			
3.			

DISCLAIMER AND SIGNATURE (PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature _____	Date _____
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