



Employment Application

PO Box 38 / 5850 Balsam Dr. / Hudsonville MI 49426 / Phone: (616) 669-5170 / Fax: (616) 669-7633

PLEASE PRINT USING YOUR OWN HANDWRITING

INTERVIEWED BY:

For office use only

Dept. _____ Rate _____
Shift _____ Drug Screen _____
Start Date _____
Employee Status _____ FT _____ PT _____
Salary _____

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin or ancestry, age, past or present disability, sex, or any other characteristic protected by the applicable state and federal laws.

GENERAL

Name _____ S.S. # _____
last first middle

Address _____
street city state zip code

Telephone () _____ Hours can be reached _____

Specific position applied for _____ Rate of pay expected _____

Type of employment (check one) _____ Full-Time _____ Part-Time _____ Summer _____ Temporary

Are there any times you are unable to work? _____ yes _____ no
If so when? _____

If hired, when can you start? _____

If you have worked for Cedar Crest Dairy, Inc., before, list dates and positions held: _____

List any friends or relatives working for Cedar Crest _____

Do you need any special accommodation to perform the job for which you are applying? ___yes ___no
If so, please describe _____

EDUCATION

School Name & Location	Areas of Study	GPA	Graduated
High School			
College			
Business/Trade			
Other			

PRESENT AND PAST EMPLOYERS

(begin with most recent first)

Dates From/To	Name, Address and Telephone of Employer	Rates of Pay Start/Finish	Supervisor's Name & Title	Reason for Leaving
_____	_____	_____	_____	_____
Job Responsibilities _____				

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_____	_____	_____	_____	_____
Job Responsibilities _____				

Dates From/To	Name, Address and Telephone of Employer	Rates of Pay Start/Finish	Supervisor's Name & Title	Reason for Leaving
_____	_____	_____	_____	_____
Job Responsibilities _____				

SKILLS/EXPERIENCE

Describe skills and experience which you feel qualify you for the position for which you are applying:

EMPLOYMENT REFERENCES

Please do not include relatives, supervisors listed above, or Cedar Crest Employees:

Name _____ Telephone (____) _____ Years known _____
Address _____
Occupation _____ Firm/Organization _____

Name _____ Telephone (____) _____ Years known _____
Address _____
Occupation _____ Firm/Organization _____

Name _____ Telephone (____) _____ Years known _____
Address _____
Occupation _____ Firm/Organization _____

I certify that all questions are fully and correctly answered. I understand that any misleading or incorrect statements or omissions may render this application void and, if employed, will result in termination of my employment at the discretion of the Company.

I authorize the release of any information from present and past employers and all other relevant sources.

I understand that Cedar Crest Dairy, Inc., is committed to a drug and alcohol free environment and that all applicants considered for employment must successfully pass a drug screening test. Failure to submit to the screening will invalidate this application and eliminate further employment consideration.

I understand and agree that, if hired, I will conform to the operating guidelines of Cedar Crest Dairy, Inc..

Signature of Applicant _____ Date _____

Thank you for applying at Cedar Crest.