### NON-DRIVER APPLICATION FOR EMPLOYMENT

Telephone Fax Auburn Dairy Products, Inc. 702 West Main St. Auburn, Washington 98001 (253) 833-3400 (253) 833-3751

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. The information contained in this application will be used when contacting former employers for investigative purposes.

Because all employees will work with or near dangerous machinery, Auburn Dairy requires that each individual pass a drug test after an offer of employment has been made, but prior to the commencement of work. A failure of the test will result in the withdrawal of the offer of employment.

### **ANSWER ALL QUESTIONS**

			Date of	of Application	
Position(s) applied for	or		Rate of Pa	ay Expected	
NameLast	F	irst Middle	Telephone	e #	
Last	F	irst Middle			
Present Address					
	No.	Street	City	State & Zip	
Previous Address					
	No.	Street	City	State & Zip	
Previous Address					
	No.	Street	City	State & Zip	
Have you ever worke	ed for this co	npany or any affiliate	of this company?	Where?	
Dates: From	То	Rate of Pay	Position		
Are you currently em	nployed?	May w	e contact your current e	mployer?	
On what date would	you be availa	ble for work?			
Are you available for	r work	Full Time	Part Time	Temporary	Shift

## PLANT/WAREHOUSE APPLICANTS ONLY:

l	То
COLL	LEGE: 1 2 3 4
clude any tected stat	memberships which tus:

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

1	
2	
3.	

# EMPLOYMENT EXPERIENCE

1. Employer Name:	Telephone #
Address	
	From: To
Person to Contact	Position
Reason for Leaving	Rate of Pay
2. Employer Name:	Telephone #
Address	
Position Held:	From: To
Person to Contact	Position
Reason for Leaving	Rate of Pay
. Employer Name:	Telephone #
Address	
Position Held:	From: To
Person to Contact	Position
Reason for Leaving	Rate of Pay
I. Employer Name:	Telephone #
Address	
Position Held:	
Person to Contact	Position
Reason for Leaving	Rate of Pay

### TO BE READ AND SIGNED BY APPLICANT

I authorize Auburn Dairy Products, Inc. "company" to investigate my responses and the information on this application and contact any or all of my former employers, references or any other individuals or entities familiar with me or my employment background for the purposes of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any former employer, reference, person, organization or other entity that provides information pertaining to me or my employment.

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty and that any false, misleading or incomplete statement of information requested in this application shall be sufficient grounds for discharge from employment.

It is agreed and understood that the "company" or its agents may investigate the applicant's background to ascertain any and all information relating to the applicant's record, whether same is of record or not, and applicant releases company and all persons or entities providing information from all liability for any and all damages arising from furnishing such information.

It is agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation and personal characteristics.

It is also agreed and understood that this application for employment in no way obligates company to employ me and if hired employment will be "at will" and as such, employment may be terminated at any time for any lawful reason or no reason.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

I authorize Auburn Dairy Products, Inc. to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record, if applicable to job duties. I also authorize any law enforcement agency or court to furnish information concerning any felony or misdemeanor offense.

Date

Applicant's Signature

### **OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

#### PROCESS RECORD

Applicant Hired:\_\_\_\_\_

Applicant Rejected:\_\_\_\_\_

Date Employed:\_\_\_\_\_

Department:\_\_\_\_\_