



APPLICATION FOR EMPLOYMENT

Applications are kept in active status for three (3) months.

Galliker Dairy Company • 143 Donald Lane • Johnstown, PA 15904

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, religion, national origin, color, sex, age, disability, pregnancy and pregnancy-related conditions including childbirth, or veteran status. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related performance factors.

The fact that this application has been provided to you does not necessarily mean there are positions available and does not in any way obligate the Company to offer you employment. Do not provide any information unless the application specifically requests it.

INSTRUCTIONS – Each question/part must be fully and accurately completed. Further consideration may not be given until all questions/parts have been completed. Use the back of this application if additional room is needed. **PLEASE PRINT** – *except for your signature on the last page of this form.*

List the Job Position/Title for Which You Are Applying:	List the last three companies you have worked for:
1st Choice: _____	1. _____
2nd Choice: _____	2. _____
3rd Choice: _____	3. _____

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Social Security Number	Telephone Number	
_____	_____	
_____	_____	_____
Mailing Address	City	State Zip Code

Are you over 18 years of age? Yes No

Have you filed an application with this company before? Yes No If Yes, When? _____

Have you been employed with this company before? Yes No If Yes, When? _____

Are you a citizen of the United States? Yes No

If No, are you in the U.S. under a Visa? Yes No

On what date would you be available for work? _____

Is there any additional information concerning a change of your name or use of another name which would help us check your work record? Yes No

If Yes, please explain: _____

Were you in the Armed Services: Yes No If Yes, what branch?

If Yes, please detail what job experience you gained there: _____

EDUCATION

High School: _____

High School Address (City, State): _____

If you did not finish high school, have you obtained your GED? Yes No

College: _____ Location: _____

College Major: _____ Degree: _____

Please list any additional education and/or vocational technical training you have had (Example: Welding class, diesel engine repair, etc.):

Have you been convicted of a crime or pleaded nolo contendere (no contest) to a criminal offense (other than traffic violations) in the past 10 years? Yes* No

If yes, complete the following and list all instances even if adjudication was withheld:

Name (at time of conviction or plea)	Date	Charge	Law Agency	Disposition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Note: a "Yes" response does not automatically disqualify an applicant from employment.

On the next pages it is extremely important that you give as complete and accurate information as you can concerning your work record.

This application asks for certain names, phone numbers, certification numbers, dates, etc. If you cannot remember some of these things, please obtain them as soon as you can and send us a letter with the information to the address shown at the top of the front page or you can fill out the front cover sheet and mail it to us.

Because our time is very valuable to us in performing our day-to-day jobs, we *strongly discourage* you from calling or visiting us to inquire about the status of your application.

If your application is to be considered further, we will contact you.

Management sincerely appreciates your cooperation and understanding.

(BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND LIST BACKWARD)

EMPLOYER

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Immediate Supervisor: _____ Phone Number: _____

Dates you were employed From: _____ To: _____ Hourly rate of pay; or annual salary: \$ _____

Reason for leaving or looking to leave if still employed?: _____

List all jobs you performed for this Company and the approximate length of time you worked at each job:

Job	Type of Equipment Operated	Length of Time in Job
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do we have permission to contact this Company? Yes No

EMPLOYER

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Immediate Supervisor: _____ Phone Number: _____

Dates you were employed From: _____ To: _____ Hourly rate of pay; or annual salary: \$ _____

Reason for leaving or looking to leave if still employed?: _____

List all jobs you performed for this Company and the approximate length of time you worked at each job:

Job	Type of Equipment Operated	Length of Time in Job
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do we have permission to contact this Company? Yes No

EMPLOYER

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Address: _____ City: _____ State: _____ Zip: _____

Immediate Supervisor: _____ Phone Number: _____

Dates you were employed From: _____ To: _____ Hourly rate of pay; or annual salary: \$ _____

Reason for leaving or looking to leave if still employed?: _____

List all jobs you performed for this Company and the approximate length of time you worked at each job:

Job	Type of Equipment Operated	Length of Time in Job
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do we have permission to contact this Company? Yes No

YOU **MUST** READ THE FOLLOWING STATEMENTS CAREFULLY. PUT YOUR INITIALS BY EACH STATEMENT ON THE LINE PROVIDED. YOU MUST **SIGN YOUR NAME** AND PUT IN THE DATE ON THE BOTTOM OF THIS PAGE.

This Company is an Equal Opportunity Employer and considers all applicants for employment without regard to race, color, sex, religion, national origin, age, pregnancy or pregnancy-related condition including childbirth, veteran's status, or mental or physical disability (unless the disability prevents acceptable performance or creates a safety hazard with the work involved) or veteran status. (Your initials) _____

I understand that either misrepresentations or omissions of facts called for on this application are causes for rejection of this application; or for subsequent dismissal from employment. (Your initials) _____

I agree not to make further inquiries or ask questions about the status of my application either by telephone or visits to any Company office or job site once I have submitted it. (Your initials) _____

I understand that before I am employed I may be required to give a Company-directed demonstration to indicate my level of ability to perform certain jobs/tasks for which I may be considered for employment. (Your initials) _____

If I am employed, I agree to comply with and be bound by the safety and work rules and other rules, regulations, and policies of the Company. (Your initials) _____

I understand and accept that I must successfully complete the Company's Introductory Period if I am hired. (Your initials) _____

I authorize a blanket investigation of all statements contained in this application and do hereby release any and all persons, companies, educational institutions, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. (Your initials) _____

I understand that in the event my application for employment is accepted, the effective date of acceptance and of my employment shall be the time I actually begin work. (Your initials) _____

I understand that I will be required to provide the Company with appropriate documentation to establish that I am either a U.S. citizen, U.S. national, or, if neither, that I am legally authorized to work in the United States. (Your initials) _____

I acknowledge and represent that I am not bound by any agreement or covenant of any kind that limits or restricts me from competing with any former employer, disclosing any confidential information or trade secrets, or contacting any former co-workers or customers with whom I have dealt. (Your initials) _____

I have read and understood the contents of this application. (Your initials) _____

YOUR SIGNATURE

DATE

The federal government requires the following information to be collected for statistical reporting as part of Galliker Dairy Company's Affirmative Action Program. All responses are voluntary. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. **The form will be removed by the Human Resources Department prior to being forwarded to the respective department for consideration.**

Today's Date: _____

Last Name: _____ First Name: _____

Position for which you are applying: **(Check ✓ only one)**

- 1. Driver
- 2. Garage Mechanic
- 3. Lab
- 4. Maintenance Tech
- 5. Office/Clerical
- 6. Official/Manager
- 7. Plant/Laborer
- 8. Salesperson

Sex (Check ✓ appropriate box) 1. Male 2. Female

Race (Check ✓ appropriate box)

- 1. Hispanic or Latino
- 2. White
- 3. American Indian/Alaskan native
- 4. Black/African American
- 5. Asian
- 6. Native Hawaiian or other Pacific Islander
- 7. Two or More Races

Referral Source (Check ✓ appropriate box)

- 1. Advertisement
- 2. Employee Referral
- 3. Job Fair
- 4. School
- 5. State Employment Agency (PA CareerLink, MD Workforce Ctr, VA Employment Commission)
- 6. Other _____

Do you have any disabling conditions for which you desire reasonable accommodations? Yes No

Veteran (Check ✓ appropriate box)

- 1. Special Disabled Veteran
- 2. Veteran of the Vietnam Era
- 3. Recently Separated Veterans
- 4. Other Protected Veteran's

I ELECT NOT TO PROVIDE THIS INFORMATION

Galliker Dairy Company is an Affirmative Action Employer subject to E.O. 11246, the Rehabilitation Act of 1973 and The Vietnam Era Veterans Readjustment Act. These laws require us to collect various types of employment data. The information on this sheet is being collected on a purely voluntary basis. This sheet will be separated from the employment application and the information herein will be used for statistical purposes only.