

AMERICAN PASTEURIZATION COMPANY
Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone				E-mail								
Date Available			Shift			Desired Salary						
Position Applied for		<input type="checkbox"/> General Laborer <input type="checkbox"/> Operator <input type="checkbox"/> Lead <input type="checkbox"/> Line Lead <input type="checkbox"/> Forklift Operator <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____										
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Location								
From			Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>				
College				Location								
From			Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Location								
From			Did you graduate?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
PREVIOUS EMPLOYMENT												
Company						Phone						
Address						Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$		
Responsibilities												
From			To			Reason for Leaving						
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone						
Address						Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$		
Responsibilities												

From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>We are an equal opportunity employer. Applicants are considered for position without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.</p> <p>The Company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or the employee may terminate the employment relationship at any time, for any reason, with or without cause or notice.</p> <p>I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.</p> <p>The following statements are consistent with Company policy and applicable federal, state, and local law(s):</p> <p>I understand that the Company has a drug-free workplace and drug and alcohol testing program. Knowing that the Company has a drug and alcohol testing program as a condition of employment and my test comes back as positive, my application for employment will be denied. I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing.</p> <p>If employed by the Company, I understand and agree that the Company may exercise its right, with or without notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.</p> <p>I understand and agree that as a condition of employment I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.</p> <p>If hired, I agree to conform to the rules and regulations of the Company, and understand that the Company has complete discretion to modify such rules and regulations at any time.</p> <p>If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.</p> <p>I certify that all the information on this application, my resume, or any supporting documents I present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including dismissal.</p>	
Signature	Date

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and applicant's legal guardian.

Parent/Legal Guardian

Date

Voluntary Self-Identification Survey Form – Post-Offer/Employee

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants and employees in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

American Pasteurization Company abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. [Company name] also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a), and protected veteran status (per 41CFR 60-300.5(a)).

PART I. General Information

Name: _____

Position: _____ Date: _____

PART II. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

<p>CHECK ONE: (do not respond if you selected Hispanic or Latino above)</p>	<p><input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races</p> <p><input type="checkbox"/> I choose not to disclose this information</p>
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PART III. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

<p>Disabled Veteran</p>	<p>A "disabled veteran" is one of the following:</p> <p>A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or</p> <p>a person who was discharged or released from active duty because of a service-connected disability.</p>
<p>Recently Separated Veteran</p>	<p>A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.</p>
<p>Active Duty Wartime or Campaign Badge Veteran</p>	<p>An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.</p>
<p>Armed Forces Service Medal Veteran</p>	<p>An "armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.</p>

Continued on Next Page:

<p>CHECK ONE:</p>	<p><input type="checkbox"/> I am a Protected Veteran</p> <p><input type="checkbox"/> I am not a Protected Veteran</p> <p><input type="checkbox"/> I choose not to disclose the information</p>
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If you are a disabled veteran, you may choose to use the space below to tell us about:

- Any special methods, skill, and procedures which qualify you for positions within American Pasteurization Company so that you can be considered for any positions of that kind, and
- We will make reasonable accommodations to qualified disabled veterans to ensure equal employment opportunity for all. If, because of your disability, you require a reasonable accommodation such as a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment which would enable you to engage in the application process or perform the job properly and safely.