

Application For Employment

OBERWEIS®

951 Ice Cream Drive
North Aurora, IL 60542



It is Oberweis' policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, veteran status or any other characteristic protected by state, federal or local laws.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Email _____
Area Code

Have you been known by another name? Yes No

If yes, what? _____

Are you under 18? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

When would you like to work? Mornings Days Evenings Late Evenings Weekends

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job required it? Yes No

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

HR 11/2016

Veteran of the U.S. Military? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex, or national origin): _____

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

Name/Title _____ Telephone _____
Organization _____ Address _____
Association With You _____

Name/Title _____ Telephone _____
Organization _____ Address _____
Association With You _____

Name/Title _____ Telephone _____
Organization _____ Address _____
Association With You _____

Special Employment Notice for Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Handicapped Individual Disabled Veteran Vietnam Era Veteran

 SIGNED

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
	Supervisor				
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I authorize any person, school, current employer, past employer(s) and or organizations named in this application (and accompanying resume, if any) to provide us with any information and opinion requested by Oberweis Dairy, Inc. in connection with any application, and I release such persons and organizations from any legal liability in making such statements.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

For Personal Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE