BURNETT DAIRY COOPERATIVE
Employment Application

An Equal Opportunity Employer

Physicals & Drug Screens Required

Position Applied for		Date	

APPLICANT INFORMATION						
Last Name		First		M.I.	Maiden	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		Cell/Work				
E-Mail Address				Are you 18 years or older? YES☐ NO☐		
Social Security #		Date Available		Desired Salary		
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐	
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain			
Have you been known by any other name?	YES ☐	NO ☐	If yes, what name?			
Hours per week you would like to work? _____ Full-Time (>32 hours per week☐ Part Time (< 32 hours per week)☐ Casual, On-Call☐						
Hours Available (check all that you are able/willing to work)			**Days Available (check all that you are able/willing to work**			
Days ☐ Evening☐ Night☐			Sun☐ Mon☐ Tue☐ Wed☐ Thurs☐ Fri☐ Sat☐			
Who referred you to Burnett Dairy Cooperative?						
Have you ever been employed by Burnett Dairy Cooperative?			Yes ☐ NO ☐ DATES EMPLOYED:			
If Yes, Position Held:						

EDUCATION				
High School		Address		
Did you graduate?	YES ☐	NO ☐	Degree/Area of Study	
College		Address		
Did you graduate?	YES ☐	NO ☐	Degree/Area of Study	
Other		Address		
Did you graduate?	YES ☐	NO ☐	Degree/Area of Study	

REFERENCES			
Please list two professional references.			
Full Name		Relationship	
Company		Phone	( )
Full Name		Relationship	
Company		Phone	( )

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 ■	NO ■			
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 ☐	NO ☐			
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 ☐	NO ☐			

JOB RESTRICTIONS
Do you have any current job restrictions that will interfere with the job requirements of the job for which you are applying for?
YES ☐ NO ☐ If yes, what restrictions?

MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

I certify that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment terminated.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for ay reason. I also understand that Burnett Dairy Cooperative (BDC) has the right to terminate my employment at any time and for any reason.

I authorize BDC and its representatives to make an investigation of my past employment, criminal history and credit. I authorize any past or present employer to release information concerning my employment to BDC. I hereby release all persons and past and present employers from any liability to me if they supply information to BDC as part of its investigation.

My signature reflects that I have read, understood and have agreed to these terms and conditions.

Signature		Date	

Applicant
Equal Employment Opportunity Survey

Burnett Dairy Cooperative, Grantsburg, WI

This voluntary survey is used for the purposes of accurately reporting to the U.S. Equal Employment Opportunity Commission. No reprisals will be made against you if you choose to not complete the survey. Also, no reprisals will be made against you because of your gender, race or ethnic category or physical or mental disability. All information will be kept confidential. If you choose to not complete the survey, please sign the declination at the bottom of this form.

Your name:_____

1. Please check (✓) your gender: ☐ Male ☐ Female

2. Do you have a physical or mental disability? ☐ Yes ☐ No

2. Are you a veteran of any US military? ☐ Yes ☐ No

3. Are you Hispanic or Latino? ☐ Yes ☐ No
   (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

4. If your answer to Question 3 was "No", please identify your race, choosing one of the following choices:

   ☐ White (NOT Hispanic or Latino).

   ☐ Black or African American (NOT Hispanic or Latino), A person having origins in any of the Black racial groups of Africa.

   ☐ Native Hawaiian or Pacific Islander (NOT Hispanic or Latino). A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   ☐ 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.

   ☐ American Indian or Alaskan Native (NOT Hispanic or Latino). A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

   ☐ Two or more races (NOT Hispanic or Latino). All persons who identify with more than one of the above five races.

DECLINATION:
I have read the survey, and have chosen to not complete it.

Signature:_____ Date:_____