



Burnett Dairy Cooperative Employment Application

**Equal Opportunity Employer committed to excellence through diversity.
Physicals & Drug Screens Required**

Incomplete information could disqualify you from further consideration. Please complete all fields.

Position Applied for	Date
----------------------	------

APPLICANT INFORMATION

Last Name	First Name	M.I.	Maiden/ Previous Name	
Street Address		Apartment/Unit #		
City	State	ZIP		
Phone #	E-Mail Address			
Are you 18 years or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	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"/> Proof of identity and eligibility will be required upon hire.			
Have you ever been employed by Burnett Dairy Cooperative? YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, Position Held:		Dates Employed	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain		
Referral Source How did you hear about us?	Online: <input type="radio"/> Company Website <input type="radio"/> Indeed.com <input type="radio"/> LinkedIn <input type="radio"/> Social Media	<input type="radio"/> Newspaper <input type="radio"/> Flyer <input type="radio"/> Walk-In <input type="radio"/> Employment Agency	<input type="radio"/> Employee Referral Referral Name: _____	<input type="radio"/> Other: _____

EMPLOYMENT DESIRED

Hours per week you would like to work. <input type="checkbox"/> Full-Time (>30 hours per week) <input type="checkbox"/> Part Time (< 30 hours per week) <input type="checkbox"/> Casual, On-Call	
Hours Available to Work (check all that apply) Days <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/>	
Days Available to Work (check all that apply) Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/>	
Date Available to Start:	Desired Salary/Hourly Rate:

EDUCATION

Name and Location of School	Did you Graduate?	Diploma or Degree Received
High School	YES <input type="checkbox"/> NO <input type="checkbox"/>	High School Diploma <input type="checkbox"/> GED <input type="checkbox"/>
College/University	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major
Vocational/ Technical School	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major

MILITARY SERVICE

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

REFERENCES

Please list two professional references.

Full Name	Relationship	
Company	Phone #	
Full Name	Relationship	
Company	Phone #	

PREVIOUS EMPLOYMENT-STARTING WITH CURRENT OR MOST RECENT

Company Name				Job Title		
City		State		Phone #		
Supervisor's Name				Starting Salary	Ending Salary	
Job Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company Name				Job Title		
City		State		Phone #		
Supervisor's Name				Starting Salary	Ending Salary	
Job Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company Name				Job Title		
City		State		Phone #		
Supervisor's Name				Starting Salary	Ending Salary	
Job Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? YES NO

If yes, explain:

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, 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.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Burnett Dairy Cooperative (BDC) to employ me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. I also understand that (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	
------------------	--	-------------	--

**EEO-1 Voluntary Self-Identification Form
Burnett Dairy Cooperative**

We are an Equal Opportunity Employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

This Voluntary Self-Identification Form is used for the purposes of accurately reporting to the Equal Employment Opportunity Commission (EEOC). No reprisals will be made against you if you choose to not complete this form. 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 this form, please sign the declination at the bottom. If you choose not to self-identify your race/ethnicity at this time, the federal government requires Burnett Dairy Cooperative to determine this information by visual survey and/or other available information.

Your Name: _____ Dated Completed: _____

1. Please check (✓) your gender: Male Female Wish not to Disclose

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

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

2. Please check (✓) one of the descriptions below corresponding to the ethnic group with which you identify.
 - Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

 - White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa

 - 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 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.

 - Native American 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 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 Voluntary Self-Identification Form and have chosen to not complete it.

Signature: _____

Date: _____