



Application for Employment

PERSONAL DATA

Last Name	First	Middle	Date
Street Address		Mailing Address	Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us? <input type="checkbox"/> NO <input type="checkbox"/> YES			Cellular Phone
If yes: Month and Year _____ Location _____			
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what hours can you work? _____			Will you work overtime if asked: <input type="checkbox"/> yes <input type="checkbox"/> no
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Have you been convicted of any crime in the last ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no
Other special training or skills in relation for the position you are applying(language, machine operation, etc)			

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
OTHER					

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.



EMPLOYMENT HISTORY (Attach additional sheets if necessary)

Company Name	Telephone Number
Address	Employed (Month & Year) From To
Name of Supervisor & Title	Salary/Wage: Start Last
Job Title and Work Description:	Reason for Leaving

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Job Title and Work Description:	Reason for Leaving



We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Name: Reason:
Please list any friends or relatives currently employed with Western Milling, OHK Transport, Western Feed Supplements, Western Milk Transport and/or Perfection Pet Foods:	

REFERENCES (Please list three (3) professional references):

NAME	TITLE	
RELATIONSHIP TO APPLICANT	PHONE NUMBER	
CITY	STATE ZIP	EMAIL

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CITY	STATE ZIP	EMAIL

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RELATIONSHIP TO APPLICANT	PHONE NUMBER	
CITY	STATE ZIP	EMAIL

MILITARY

Did you serve in the US Armed Forces? ___ NO ___ YES	If yes, in what branch?
Describe any training received relevant to the position for which you are applying.	



ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc. (exclude those which may disclose your race, color, religion, age or national origin)

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will be kept on file for two years from the date of receipt, as noted on page 1 of this application. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment, I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

_____ Date

_____ Signature

Corporate Headquarters:
31120 West Street
PO Box 1029
Goshen, CA 93227



Voluntary Self – Identification Form

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights law and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, civil rights enforcement. When reported, data will not identify a specific individual.

Employee Name: _____

Employee Signature: _____ Date: _____

Please select one of the following options:

- I understand the reason for this request for voluntary self-identification stated above and choose to decline.
- I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender (circle one): Male Female

Race/Ethnicity (check one):

- 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 Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the people 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, & Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

If you have questions regarding this form, please contact the Human Resources Department or your supervisor.