

# St. Albans Cooperative Creamery Inc.

138 Federal St.  
St. Albans, VT 05478

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

*All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.*

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Legal name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
(if position requires operation of a company vehicle)

Are you legally eligible for employment in the United States?  Yes  No

United States Visa status, if applicable: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

Are you currently employed?  Yes  No

Have you been employed with us before?  Yes  No

If yes, dates employed: \_\_\_\_\_

Have you filed an application with us before?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

May we contact your present employer?  Yes  No

Applicant Name: \_\_\_\_\_

### POSITION INFORMATION

Salary desired: \$ \_\_\_\_\_ Employment status desired:  Full Time  Part Time  Temporary

What hours are you available to work? \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

### EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate ?
High School	_____				
	_____				
College / University	_____				
	_____				
Graduate School	_____				
	_____				
Tech School	_____				
	_____				
Other	_____				
	_____				

Special courses, training or experience acquired, including military experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SKILLS

Clerical / Office skills	_____	
Computer skills	Name of software: _____	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
Languages	_____	
Other special knowledge or skills	_____	

Please describe any other experience, abilities or skills that might be helpful in considering your application:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** – Starting with current or most recent

<b>1. EMPLOYER:</b>		<b>Duties:</b>	
Job Title:			
Dates of Employment (month / year) From:                                  To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<b>2. EMPLOYER:</b>		<b>Duties:</b>	
Job Title:			
Dates of Employment (month / year) From:                                  To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<b>3. EMPLOYER:</b>		<b>Duties:</b>	
Job Title:			
Dates of Employment (month / year) From:                                  To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			
<b>4. EMPLOYER:</b>		<b>Duties:</b>	
Job Title:			
Dates of Employment (month / year) From:                                  To:			
Starting Salary:	Ending Salary:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	
Employer's Address:			
Supervisor:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone:	
Reason for Leaving:			

**REFERENCES – MUST BE BUSINESS/EMPLOYMENT REFERENCES (not personal)**

1. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address

4. \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Address

**CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## Must Complete if Applying for CDL Position

**Driver's License Information:** all licenses held within the last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Experience:**

\_\_\_\_\_ To \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ To \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ To \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

**All Accidents within the last 3 years:** (If none, write NONE)

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

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Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

**List all Traffic Violations Convictions with in the last 3 years:** (If none, write NONE)

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes/No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes/No

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Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes/No

## Must Complete if Applying for CDL Position

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes  No If yes; state of issuance; explanation: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations during the last 10 years? **Yes** **No**

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during the last 10 years? **Yes** **No**

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For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date