

DUDLEY POULTRY COMPANY, INC.

Employment Application



Date _____

APPLICANT INFORMATION			
Last Name	First	M.I.	Social Security No.
Address	City	State	Zip
Phone Home	Cell	Email	
Position Applied for	Date Available	Desired Salary	
Are you a United States citizen? 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"/>		
Are you over 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, your employment is subject to verification of minimum legal age.		
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you willing to work overtime if asked? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Apart from absence for religious observance, are you available for full-time work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain		
Any physical limitations which preclude you from performing certain jobs? YES <input type="checkbox"/> NO <input type="checkbox"/>			If yes, explain
Names/s of relatives or friends working for us other than a spouse.			

EDUCATION			
High School	Address		
From - To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College	Address		
From - To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	Address		
From - To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other special training or skills (languages, machine operations, etc.)			

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

REFERENCES		
<i>Please give names of three (3) persons not related to you, whom you have known for at least one (1) year.</i>		
Full Name	Relationship	
Address	Phone	
Full Name	Relationship	
Address	Phone	
Full Name	Relationship	
Address	Phone	

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The law of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. All employees are employed under the general rule known as "Employment at Will" and can be discharged at any time, with or without cause or notice, for any legal reason so long as the reason is not some form of prohibited discrimination, regardless of what is stated in the policy manual or orally stated by any supervisor or co-worker.

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PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment records starting with the most recent employer.

Company		Phone	
Address		Supervisor	
Job Title		Ending Salary \$	
Responsibilities			
Employed Month/Year	From	To	Reason for Leaving
May we contact this previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Ending Salary \$	
Responsibilities			
Employed Month/Year	From	To	Reason for Leaving
May we contact this previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Ending Salary \$	
Responsibilities			
Employed Month/Year	From	To	Reason for Leaving
May we contact this previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify the information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date _____	Signature _____
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Office Use Only

Interviewed by _____ Date _____

Remarks _____

Neatness _____ Ability _____

Hired YES NO Position _____ Department _____

Salary/Wage _____ Date Reporting to Work _____

Approved: _____

Signature _____ Title _____ Date _____