



Main Office: 2100 N. GEORGE STREET, YORK, PA 17404-1898

### EMPLOYMENT APPLICATION

Rutter's Dairy, an Equal Opportunity Employer, considers all positions without discrimination as to race, color, age (over 40), sex, national origin, non job-related disability, religion or any other legally protected characteristic. Any offer of employment is contingent on the successful completion of a urine test for illegal drugs. Offers will be rescinded in the event of a positive result. Please answer all questions completely. Your application will be considered active for 90 days.

#### PERSONAL

Name \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)

Present Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Number \_\_\_\_\_ E Mail Address \_\_\_\_\_

**POSITION(S) APPLYING FOR:** \_\_\_\_\_

**IF HIRED, WHEN WOULD YOU BE AVAILABLE:**

\_\_\_\_\_ 20 \_\_\_\_\_

#### SHIFTS AVAILABLE:

- Weekday  Weekend
- Day  Evening
- Night  Any
- Full-Time  Part-Time

#### RATE OF PAY EXPECTED:

\$ \_\_\_\_\_ week \$ \_\_\_\_\_ hour

Referral Source?  Ad  Friend  Relative  Walk-in  Agency  Other, \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ If not, state your age \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, dates \_\_\_\_\_ - \_\_\_\_\_

Under what name? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence or an alien authorized to work in the U.S.?  Yes  No

Have you ever been convicted of a crime other than a routine traffic violation including misdemeanors?  Yes  No If yes, date of conviction \_\_\_\_\_ Please explain \_\_\_\_\_

#### EDUCATION

| Type of School | Name of school | Major | Circle highest grade completed | Graduated |
|----------------|----------------|-------|--------------------------------|-----------|
| Elementary     |                |       | 5 6 7 8                        | Yes No    |
| High School    |                |       | 1 2 3 4                        | Yes No    |
| College/Tech   |                |       | 1 2 3 4                        | Yes No    |
| Other          |                |       |                                |           |

What further training or special courses have you had since leaving school? \_\_\_\_\_

**WORK EXPERIENCE**

List all positions, starting with your present or most recent job, including all periods of unemployment and reasons.

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date hired \_\_\_\_\_ Position \_\_\_\_\_  
Date separated \_\_\_\_\_ Reason \_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date hired \_\_\_\_\_ Position \_\_\_\_\_  
Date separated \_\_\_\_\_ Reason \_\_\_\_\_

3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Date hired \_\_\_\_\_ Position \_\_\_\_\_  
Date separated \_\_\_\_\_ Reason \_\_\_\_\_

Were you ever discharged by any company? \_\_\_\_\_ No \_\_\_\_\_ Yes      If yes, give name of company and reason \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Give the names of 3 persons not related to you whom you have known at least 1 year. Do not include previous employers.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT – PLEASE READ CAREFULLY**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading statements or omissions on this application or interview(s) may prevent my employment, or if employed, result in discharge. I agree to undergo a medical examination by a physician selected by the Company, following receipt of an offer of employment or at any time during employment.

If, following submission of this application I wish at any time to change or limit my availability to start work, I must notify Rutter's in writing. I recognize these changes could result in loss of employment with Rutter's.

I hereby authorize former and present employers, physicians, credit rating bureaus, police record inquiries or others to give or verify any information they may have, personal or otherwise, and release all parties from liability for any damage resulting therefrom. I understand and agree, that if hired, that I am required to abide by all rules and regulations of the Company, and that my employment is for no definite period, that wages, benefits and conditions can be changed at any time, and my employment may be terminated at will at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_