

Deliver Applications To:  
Lochmead Dairy, Inc  
1120 Ivy Street  
Junction City, OR 97448  
541-998-8544



# APPLICATION

Position applied for: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

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

Phone Number: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

Have you ever worked in this facility?  Yes Date: \_\_\_\_\_  No

Do you have relatives working at this facility?  Yes  No

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

On what date would you be available to start work? \_\_\_\_\_

On what day/shifts are you **AVAILABLE** to work:

Mornings:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Evenings:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Where did you hear about this position?  Craigslist  Referred By:  Other

EDUCATION	City, State	Years Attended	List Diploma or Degree
High School:			
College:			
College:			
Trade/Technical:			
Other:			

Please describe specialized training or skills that you have that are relevant to this position: \_\_\_\_\_

## *An Equal Opportunity Employer*

We are an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, marital status, or any other functions prohibited by law or the existence of any physical or mental disability that does not interfere with the performance of the position for which you are applying. Information provided on this application will not be used for any discriminatory purpose.

## EMPLOYMENT EXPERIENCE

**Most recent employer** – Are you presently working for this employer?  Yes  No If yes, may we contact?  Yes  No

Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## JOB RELATED BACKGROUND

1. Most of our positions requires standing for long periods of time, bending, twisting, lifting up to 50 lbs., are you physically able to perform this job safely and without a significant risk of substantial harm to yourself or others?     Yes     No  
 Note you may answer YES to questions 1 above if you can perform all essential functions of the job with or without reasonable accommodations. The Company will provide reasonable accommodation to a person with a disability when it is not a hardship to do so.  
 \_\_\_\_\_
2. Please describe your SAFETY RECORD over the past three years. Please include in this description any accidents or “near misses” you have had during the past year. \_\_\_\_\_
3. Lochmead Dairy has a goal to achieve the highest possible attendance from our employees. Please describe your ATTENDANCE RECORD over the past three years. Please include in this description how many days off from work you had, for any reason, during the last year. \_\_\_\_\_
4. Have you taken any illegal drug in the last year (federal law includes Marijuana)     Yes     No

## REFERENCES

Please list three references. Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS	PHONE	RELATIONSHIP/Years known

## AGREEMENT & RELEASE

By signing this application I declare that the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment or may result in a withdrawal of an employment offer or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. \_\_\_\_\_ Initial

In the event I undergo a medical examination or evaluation as part of the job placement process, I agree to supply only information which is true to the best of my knowledge and I authorize the physician or his/her representative to provide any information or opinion, as it relates to my employment, to the Company regarding this examination or evaluation, I understand that if the Company determines that I have made any false oral or written statements or answers or any misrepresentation or any omission of significant information to the Company or to the physician or to his/her representative, the Company is entitled to terminate my conditional or actual employment at any time. \_\_\_\_\_ Initial

I authorize this company or its agents to verify any information on this applicaion including, but not limited to references, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement agencies to release any information concerning my background, and release any said persons, schools, companies, or agencies from any liability for issuing this information. \_\_\_\_\_ Initial

Lochmead Dairy supports a drug and alcohol free working environment. Employees are expected to be in a suitable mental and physical condition to perfrom their jobs. I am willing to submit to drug/alcohol testing to detect the use of illegal drugs and/or alcohol prior to and during employment. \_\_\_\_\_ Initial

I understand that employment at Lochmead Dairy is on an “at will” (that is, mutual consent) basis. Therefore I agree that either I or the Company has the proper right to terminate my employment with or without cause at any time, so long as there is no violation of applicable state or federal laws.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_