



Joining together to feed the world



Alliance Dairies

4951 NW `170th Street
 Trenton, Florida, 32693, USA
 (352)-463-6613 (Phone)
 Alliancedairies.com

Application for Employment

Date Applied: _____ Referred by: _____

Name:	Telephone Number
Address	Secondary Number:
Desired Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either Part/Full	Name of who wrote application: Relationship:

Have you previously applied to Alliance Dairies? Yes No

Have you previously worked for a part of the Alliance family? Yes No

Are you at least 18 years of age? Yes No

Are you authorized to work in the United States? Yes No

Do you have a valid state driver's license? Yes No

If you have a valid CDL, what class license do you hold? _____

Are you currently employed? Yes No

Have you ever been named as a defendant in a civil action alleging sexual harassment, assault, battery, stalking, intentional infliction of emotional distress, or any other intentional tort?
 Yes No

Have you ever been convicted of a crime, pleaded no contest, or had adjudication withheld in a criminal matter?
 Yes No

Date	Penalty	Nature of crime	Final outcome

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Education:

	High School	College	Trade/Other
School Name/Location			
Years Completed? Diploma or Degree Special Training, Skills, or apprenticeships			
Honors Received			

Applicable Skills and Qualifications:

Please list any skills, knowledge, or ability you have that maybe job-related.

Job-Related Questionare

Where did you find out about Alliance Dairies? _____

Do you have reliable transportation available at any time? Yes No

How long do you need notice before starting with us? _____

When would you be able to start? _____

We operate 24 hours per day and 7 days per week, are you willing to work holidays and weekends?
 Yes No

All applications are valid for sixty (60) days, after that you may reapply.

Thank-you for your interest in Alliance Dairies.

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Employment Experience

List your work experience with your present/last job listed first. Include any job-related military and voluntary activities. Attach additional sheets as needed.

Employer	Start Date	End Date	Work Responsibilities and Achievements
Phone Number	Address		
Job Title	Starting Wage	Ending Wage	
Supervisor	Reason for Leaving		

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May we contact these employers?

Yes

No

Thank-you for your interest in Alliance Dairies.

Notices and Agreements

Please read carefully and initial where indicated.

In exchange for consideration of my job application for employment by Alliance Dairies ("the Company"), I agree that:

Alliance Dairies is an equal opportunity employer and adheres to the policy of making employment decisions without regard to race, color, religion, national origin, age, sex, genetic information, disability, marital status, veteran status, or protected status. The company does not discriminate against individuals with physical or mental disabilities and will make reasonable accommodation for qualified individuals with known disabilities unless doing so would result in an undue hardship to the Company. _____(Initials)

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, regardless of the contents of the employee handbook, safety manual, policy statements, or the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Alliance Dairies, or otherwise to change in any respect the employment-at-will relationship between the Company and the undersigned. The employment-at-will relationship cannot be altered, except by a written instrument signed by the Managing Partner of the Company. If employed, I understand; 1) the Company may unilaterally change or alter their benefits, policies, and procedures, which may include a reduction of benefits; and 2) either the Company or I may end the employment relationship at any time, without cause or notice. _____(Initials)

I authorize the investigation of all statements contained in this application. I understand the misrepresentation or omission of facts called for is cause for dismissal as a reference to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I further agree to hold the Company, any former employers, educational institutions, and any other persons giving references free from liability for the exchange of this information and any other reasonable and necessary information needed in the employment process. _____(Initials)

I understand that the Company has a Drug and Alcohol Policy that prohibits the use of illegal drugs and alcohol and the abuse of over-the-counter and prescription medications. I understand that: 1) this policy provides for pre-employment testing of drugs and alcohol as well as testing after employment; 2) consent to and compliance with such policy is a condition of my employment; and, 3) continued employment is based on the successful passing of tests under the Company's policy. _____(Initials)

I further understand that if I am hired, my employment is probationary for a period of ninety (90) days, and that anytime during this initial orientation period and thereafter, my employment relationship with the company is terminable at-will for any reason by either party, with or without notice. _____(Initials)

I further acknowledge and agree that any dispute or claim between the Company and me, relating in any way to my employment and/or separation thereof, which cannot be resolved informally shall first be submitted to voluntary mediation through a mutually agreeable mediator. If not resolved informally shall first be submitted to voluntary mediation through a mutually agreeable mediator. If not resolved by mediation, the disputed claim shall be resolved by an impartial arbitrator selected in accordance with state law and the voluntary arbitration rules of the American Arbitration Association, as the exclusive remedy of such dispute. It is agreed that failure to timely submit any claims to arbitration shall result in a waiver of the alleged claims. I further agree to waive any and all claims not raised through this procedure, except as otherwise required by law. _____(Initials)

Applicant Signature

Date

Thank-you for your interest in Alliance Dairies.