

OBERWEIS DAIRY STORE EMPLOYMENT APPLICATION

NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ SOCIAL SECURITY # _____
 STREET ADDRESS _____ APT. # OR BOX _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER (_____) _____ ARE YOU 18 OR OLDER? YES NO IF NOT, AGE _____
 HAVE YOU EVER WORKED FOR OBERWEIS BEFORE? YES NO
 IF YES, LIST DATES & LOCATIONS _____

FOR MANAGERS USE ONLY
 DATE HIRED _____ STARTING PAY _____
 PROOF OF AGE RECEIVED YES NO
 POSITION _____

AVAILABILITY:

FROM									
TO									

TOTAL HOURS AVAILABLE PER WEEK _____ HOW DID YOU HEAR OF JOB? _____
 DO YOU HAVE TRANSPORTATION TO WORK? YES NO ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE U.S.? YES NO

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ LOCATION _____ PHONE _____
 LAST GRADE COMPLETED _____ GRADE POINT AVERAGE _____
 GRADUATED? YES NO NOW ENROLLED? YES NO SPORTS OR ACTIVITIES _____

TWO MOST RECENT JOBS: (IF NOT, APPLICABLE PERSONAL REFERENCES)

NAME _____ LOCATION _____ PHONE _____
 JOB _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ MGMT REFERENCE CHECKDONE BY: _____
 NAME _____ LOCATION _____ PHONE _____
 JOB _____ SUPERVISOR _____ DATES WORKED: FROM _____ TO _____
 SALARY _____ REASON FOR LEAVING _____ MGMT REFERENCE CHECKDONE BY: _____

PHYSICAL

ANY HEALTH PROBLEMS OR PHYSICAL DEFECTS WHICH COULD AFFECT YOUR EMPLOYMENT? YES NO
 DO YOU HAVE OR HAVE YOU HAD, WITHIN THE LAST SIX MONTHS, ANY CONTAGIOUS OR COMMUNICABLE DISEASES, OR GASTRO-INTERNAL INFECTIONS, OR HAVE YOU EVER HAD HEPATITIS OR SALMONELLA? YES NO

EXPLAIN ANY YES ANSWERS IN DETAIL _____

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with Oberweis policy. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing same to you. I understand that no representative of the company has the authority to enter into any agreement for any specified period of time, nor am I obligated to work for the company for any specified period of time.

Date _____ Signature _____
 Oberweis is an equal opportunity employer. The Civil Rights Act of 1964 and State and Local laws prohibit discrimination on the basis of race, color, religion, sex or national origin. In addition, State and Local laws prohibit discrimination on the basis of disability and the Age Discrimination in Employment Act of 1978 and Americans With Disability Act of 1990 and some State and Local laws prohibit discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. It is our policy to comply fully with these Acts and information requested on this application will not be used for any purpose prohibited by law.

YOUR APPLICATION WILL BE CONSIDERED ACTIVE FOR 30 DAYS—FOR CONSIDERATION AFTER THAT YOU MUST REAPPLY