

HELLO

ADDITIONAL EDUCATION

TRADE CERTIFICATES

NAME

STREET

PRINT)

(PLEASE Please Note: This Is a general application for a variety of SGD departmental positions, so please try to answer questions as best you can. Know that all Information is confidential. If English isn't your first language, feel free to

DATE

CITY

OUR VISION: To cultivate an Inspired American food culture.

STATE	ZIP	٦	CELL #				
EMAIL							
HOW DID YOU HEAR ABOUT US?							
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? Y / N (proof of eligibility and identity is required upon employment)							
	EDUCATION						
SCHOOL NAME, CITY & STATE			AREA OF STUDY OR MAJOR	YEARS COMPLETED			
HIGH SCHOOL							
COLLEGE							
ASSOCIATE DEGREE							



PLEASE PROVIDE YOUR AVAILABILITY **TEMPORARY FULL TIME** PART-TIME PRFFFRRFD WORK LOAD: UNTIL WHEN? ___/___ PLEASE CHECK TIMES Т W TH F S SU M YOU ARE AVAILABLE TO AM WORK WITH US. PM WHEN CAN YOU START WORK? DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? ARE YOU APPLYING FOR A SPECIFIC JOB? IF SO, WHICH ONE?

Applicants being considered for hire must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS?

Y/N

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

Y/N

WORK HISTORY POSITION/DUTIES **EMPLOYER** WHY DID YOU DECIDE TO STOP WORKING EMPLOYED FROM 'TII WITH THIS EMPLOYER? CONTACT INFO OF MAY WE CONTACT Y/N **SUPERVISOR** THIS EMPLOYER? **EMPLOYER** POSITION/DUTIES WHY DID YOU DECIDE TO STOP WORKING 'TIL EMPLOYED FROM WITH THIS EMPLOYER? CONTACT INFO OF MAY WE CONTACT Y/NTHIS EMPLOYER? **SUPERVISOR EMPLOYER** POSITION/DUTIES WHY DID YOU DECIDE TO STOP WORKING EMPLOYED FROM 'TIL WITH THIS EMPLOYER? CONTACT INFO OF MAY WE CONTACT Y/N**SUPERVISOR** THIS EMPLOYER?

EMPLOYER		POSITION/DUTIE	S		
EMPLOYED FROM	'TIL		WHY DID YOU DECIDE TO STOP WORKING WITH THIS EMPLOYER?		
MAY WE CONTACT THIS EMPLOYER?	Y/N	CONTACT INFO (SUPERVISOR	CONTACT INFO OF SUPERVISOR		
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EMPLOYER		POSITION/DUTIE	S		
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	PROFESSI	ONAL REFERENCI	S		
NAME	00	CCUPATION	PHONE		
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PER	SONAL REFE	RENCES (NOT RE	LATIVES)		
NAME	00	CCUPATION	PHONE		
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ALMOST DONE

HAVE YOU EVER VISITED / TASTED / EXPERIENCED / DISCOVERED ANYTHING SWEET GRASS DAIRY? IF SO. TELL US ABOUT IT.

LIST	3 PERSONAL QUALITIES THAT WOULD	1.
MAKE	YOU AN ASSET TO OUR TEAM:	2.

MAKE YOU AN ASSET TO OUR TEAM:

3.

IF YOU WERE A WORLD FAMOUS SINGER, WOULD YOU WANT TO BE A SOLO ARTIST OR A FRONT MAN/WOMAN IN A BAND? (CIRCLE ONE)

IF YOU WERE AN OLYMPIC ATHLETE, WHAT SPORT WOULD YOU COMPETE IN AND WHY?

DO YOU LIKE CHEESE? IF SO, WHAT IS YOUR FAVORITE KIND?

DO YOU EVER COOK WITH CHEESE? IF SO, WHAT IS YOUR FAVORITE THING TO MAKE WITH CHEESE?

CONGRATULATIONS. YOU MADE IT TO THE END!

Thank you for taking the time to apply, we're excited to get to know you.

AGREEMENT: PLEASE READ CAREFULLY AND SIGN.

I HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION AND ACCOMPANYING RESUME (IF PROVIDED) IS TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE THAT FALSIFYING INFORMATION OR SIGNIFICANT OMISSIONS MAY DISOUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR DISMISSAL IF DSCOVERED AT A LATER DATE.

SIGNATURE: DATE: