



It is the policy of THE MILL-ROSE CO. to afford equal opportunity for employment, training, compensation and promotion to all individuals including veterans of the Vietnam era, without consideration of age, creed, color, religion, national origin, sex, marital status, or handicap with due regard for the relative qualifications and abilities, except where age and sex are a bona fide occupational requirement.

(PLEASE PRINT) DATE OF APPLICATION: _____

FULL NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip Code

TELEPHONE: _____ SOCIAL SECURITY NO: _____
Work Home

SPECIFY POSITION APPLYING FOR: _____ DATE AVAILABLE: _____

FULL TIME _____ PART TIME _____ SUMMER _____ TEMP _____

Are you younger than 18 years of age? Yes ___ No ___ If Yes, how old are you?

Have you ever filed an application here before? Yes ___ If Yes, give approximate date _____
No ___

Have you ever been employed here before? Yes ___ No ___ If Yes, give dates _____

Have you been convicted of a felony in the last 5 years? Yes ___ No ___

If not a U.S. citizen, will you provide documentation authorizing your employment in the U.S.?
Yes ___ No ___ (Proof of citizenship or immigration status will be required upon employment)

EDUCATION

Table with 5 columns: Education Level, High School (9-12), College/University (1-6), Name of School, City and State, Attended From/To, Degree, Course of Study.

OTHER TRAINING OR SKILLS
Factory or Office machines operated,
special courses, etc.

U. S. MILITARY SERVICE

SERVICE BRANCH	RANK OR CLASS HELD	MEMBER OF NATIONAL GUARD OR RESERVE UNIT? IF YES, WHICH ONE
		Yes _____ No _____

EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER.
ACCOUNT FOR ALL PERIODS, INCLUDING SERVICE WITH U.S. ARMED FORCES.

1. Employer _____ Your Job Title and Duties: _____
City/State _____
Dates _____
From Mo/Yr To Mo/Yr
Wages _____
Start End
Reason for Leaving _____

2. Employer _____ Your Job Title and Duties: _____
City/State _____
Dates _____
From Mo/Yr To Mo/Yr
Wages _____
Start End
Reason for Leaving _____

3. Employer _____ Your Job Title and Duties: _____
City/State _____
Dates _____
From Mo/Yr To Mo/Yr
Wages _____
Start End
Reason for Leaving _____

4. Employer _____ Your Job Title and Duties: _____
City/State _____
Dates _____
From Mo/Yr To Mo/Yr
Wages _____
Start End
Reason for Leaving _____

5. Employer _____ Your Job Title and Duties: _____
City/State _____
Dates _____
From Mo/Yr To Mo/Yr
Wages _____
Start End
Reason for Leaving _____

APPLICATION STATEMENT

- I certify that the information I have given on this application is true and complete to the best of my knowledge and understand that any false information given or the omission of pertinent information made by me on this application or any supplement thereto will be sufficient grounds for immediate discharge.

- I authorize THE MILL-ROSE CO., to make a thorough investigation of my prior employment(s), my educational background, and my personal qualifications, and I hereby release THE MILL-ROSE CO., and all persons and/or companies supplying such information from all liability and responsibility in connection with the furnishing of that information.

- I understand that THE MILL-ROSE CO., considers it imperative that a feeling of mutual confidence and trust exists in its relationships with its employees. For this reason, the Company does not enter into employment contracts in any form. Accordingly, this application for employment and any offer of employment that might be made should not be construed in any way as constituting a contractual commitment between us with respect to duration of employment, level of compensation, or any other terms or conditions that are part of the employment relationship.

- I consent to taking the pre-employment physical examination and such future examinations as may be required by the Company, and to comply with all rules and regulations of the Company.

DATE _____ APPLICANT'S SIGNATURE _____

DO NOT COMPLETE BELOW THIS LINE -- FOR I. R. DEPARTMENT USE ONLY

INDUSTRIAL RELATIONS COMMENTS:	Date of First Int: _____ Seen By: _____ Date of Second Int: _____ Seen By: _____ Letter: _____ Date to File: _____
INTERVIEWER: _____ DATE: _____	

NEW	<input type="checkbox"/>	TEMP	<input type="checkbox"/>	STARTING DATE	EMPLOYEE NO.	CLOCK STA.	DEPT. NO.	DIV.	SHIFT	PAY CODE
REINS.	<input type="checkbox"/>	PART	<input type="checkbox"/>							
REHIRE	<input type="checkbox"/>	TIME	<input type="checkbox"/>							
BIRTHDAY		SEX		MARITAL STATUS	RACE	CITIZEN OF U.S.A.		JOB CODE	LABOR.GRADE	SALARY
						<input type="checkbox"/> YES	<input type="checkbox"/> NO			
VET	<input type="checkbox"/>	HANDICAP		EDUCATION	REQ #					
VIETNAM										
VET	<input type="checkbox"/>									