



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to non-discrimination employment on the basis of race, color, age, religion, sex, national origin, handicap, disability or marital status. Southeast Milk, Inc., Gustafsons, LLC, and Sunshine State Dairy Farms, LLC, are drug free work places.

Date of application _____

Position Applied For		Minimum Salary Requirement
Who referred you To our company? <input type="radio"/> Mail in <input type="radio"/> Employment Agency <input type="radio"/> State Agency <input type="radio"/> Walk-in <input type="radio"/> Other _____		
To our company? <input type="radio"/> Advertisement <input type="radio"/> College Recruiting <input type="radio"/> Employee Referral _____		
Have you ever worked for this company? <input type="radio"/> Yes <input type="radio"/> No	Where?	When?
Have you ever applied for this company? <input type="radio"/> Yes <input type="radio"/> No	Where?	When?
On what date will you be available to start?	Would you accept employment in another city? <input type="radio"/> Yes <input type="radio"/> No	Preference
Are you available to work all shifts? <input type="radio"/> Yes <input type="radio"/> No	Are you legally authorized to work in the United States? <input type="radio"/> Yes <input type="radio"/> No	

General Information				
Last Name	First	Middle Initial	Social Security Number	
Present Address	City	State	Zip Code	How Long?
Previous Address	City	State	Zip Code	How Long?
Telephone Home ()		Work ()		
Have you ever been fired or asked to resign by an employer? <input type="radio"/> Yes <input type="radio"/> No		If yes, please explain.		
Have you ever been convicted of, or pled guilty, no contest or <i>nolo contendere</i> to a crime, misdemeanor or felony, in the past ten (10) years? <input type="radio"/> Yes <input type="radio"/> No				
If yes, please explain.				
Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, or intentional infliction of emotional distress), or formally accused of an unlawful employment practice (e.g. sexual or racial harassment)? <input type="radio"/> Yes <input type="radio"/> No				
If yes, please explain.				
If related to anyone who works for this Company, state name and location.				
Name of person to be notified in case of emergency			Telephone number ()	

Education
Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4
Name and location of the last school attended:

Employment History

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. **Record your present or last position first and list back in chronological order.** Be sure to complete all questions for each job. Ask for an additional form if necessary. Please explain all periods of unemployment.

Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person		Phone Number	Reason for Leaving			

Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
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Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary/Wage			
Contact Person		Phone Number	Reason for Leaving			

Have you ever worked for any of these employers under a different name or had a driver's license under a different name? Yes No

If Yes, under what name? _____

Please provide us your driver's license number and state for occasional use of the company's vehicle _____

Other Experience and Qualifications

List any courses that may aid in a position at Southeast Milk, Inc., Gustafsons, LLC, or Sunshine State Dairy Farms, LLC.

List special equipment or technical materials you are able to work with.

References			
Give the names of three persons not related to you, whom you have known at least one year.			
Name	Phone Number	Business	Years Acquainted

Employment Application Certification	
<p>I hereby authorize the Company and its representatives to investigate all statements contained in this application, to interview the references and previous employers listed in this application. It is agreed and understood that the Company and its agents may conduct background evaluations to ascertain any and all information of concern, whether some is of record or not. I authorize the references and previous employers listed to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I also authorize the Company to conduct and/or obtain a criminal record check.</p> <p>If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Company or myself.</p> <p>I further understand and voluntarily agree as a condition of employment or my continued employment that I may be requested by the Company to submit to a urinalysis or other drug screen test, and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.</p> <p>I hereby certify that this application was completed by me, and that all of the facts and information listed are true and complete to the best of my knowledge. I further certify that I have read, understand, and agree to the above. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application or dismissal if already employed.</p>	
Applicant's Signature:	Date:

Southeast Milk, Inc., Gustafsons, LLC, Sunshine State Dairy Farms, LLC
Authorization for Release of Consumer Reports

In connection with my application for employment, and/or employment with this company, I understand and am hereby notified by this document that Southeast Milk, Inc., Gustafsons, LLC, or Sunshine State Dairy Farms, LLC., is authorized to request a consumer report from a consumer reporting agency for evaluation of me for employment (i.e., employment, promotion, reassignment, or retention as an employee). I understand that these consumer reports may contain information from public records, including written, oral, or other communications bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which may or may not be used as a factor for employment purposes. I further understand that inquiries may include, but are not limited to, criminal convictions, motor vehicle records, education and previous employment verification.

In addition, I understand that you may request information from various federal, state, and other agencies which maintain records concerning my past activities and history.

I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

Prospective employees have the following rights regarding investigative information that will be provided:

The right to review information provided by previous employers;

The right to have errors in the information corrected by the previous employer for that previous employer to re-send the corrected information to the prospective employer;

The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the applicant cannot agree on the accuracy of the information.

I further authorize ongoing procurement of the above-mentioned reports at anytime, either during the time my application for employment is being considered or throughout the duration of my employment in the event I am hired.

Print Your Name: _____

Date: _____

Enter Your Signature: _____

In the event you are hired and become an employee of Southeast Milk, Inc., or Sunshine State Dairy Farms, LLC., the Fair Credit Reporting Act (FCRA) requires you receive a summary of FCRA consumer rights as issued by the Federal Trade Commission.

A Summary Of Your Rights Under the Fair Credit Reporting Act (FCRA)

The federal Fair Credit Reporting Act (“FCRA”) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit by consumer reporting agencies (“CRA”). This information is supplied by public record sources, credit grantors, and others to the CRAs. The CRAs organize and store the information for distribution to credit grantors, employers, and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRAs, specific responsibilities in connection with their respective roles in the credit reporting and granting process. The FCRA also gives you specific rights in dealing with these entities, as outlined below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., as amended, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). You may have additional rights under state law. You may contact state or local consumer protection agency or a state attorney general to learn those rights.

1. **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address and phone number of the CRA that provided the consumer report. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.
2. **You can find out what is in your file.** Upon your request, a CRA must give you the information in your file, and a list of everyone who has recently requested it. However, you are not entitled to any information concerning “risk scores”, or other economic predictors in your file. There is no charge for the file if a person has taken action against you because of information supplied by the CRA, if you request the report in within sixty (60) days of receiving notification that the information in your file was used by a third party unfavorable. You are also entitled to one free repost every twelve months upon request if you certify that: (1) you are employed and plan to seek employment within 60 days; (2) you are on welfare; or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars (\$8.00) for the extra copy of the report.
3. **You can dispute inaccurate information with the CRA.** If you tell a CRA that you file contains inaccurate information, the CRA must reinvestigate the items (usually within thirty (30) days) by presenting to its information source all relevant evidence and report its findings to the CRA. (The source also must advise national CRAs, to which it has provided the data, of any error.) The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement if filed, you may ask that anyone who has recently received you report be notified of the change.
4. **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its file, usually within thirty (30) days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below), or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you that it has reinserted the item. The notice must include the name address and phone number of the information source.

**Fair Credit Reporting
Act (FCRA) Page 2**

5. **Your can dispute inaccurate information with source of the information.** If you tell anyone—such as a creditor who reports to the CRA—that you depute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, they may not continue to report it if it is in fact an error.
6. **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old; ten (10) years for bankruptcies.
7. **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application you have submitted with a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.
8. **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
9. **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.
10. **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, creditors and others not listed, please contact any of the below listed entities.

FOR QUESTION FOR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors, and others not listed below	Federal Trade Commission Bureau of Consumer Protection Washington, DC 20560 – 202-326-3224
National banks, federal branch agencies of foreign banks (word "National" or initials "N.A. appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management – Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (work "Federal" or initials "F.S.I.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington DC, 20552 *800-842-6929
Federal credit union (words "Federal Credit Union" appear in institutions name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Div. of Compliance & Community Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 *202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 *202-7207051



**SOUTHEAST MILK INC., GUSTAFSONS, LLC, AND SUNSHINE STATE
DAIRY FARMS, LLC
NON DOT DRUG TESTING CONSENT, RELEASE AND
ACKNOWLEDGEMENT OF UNDERSTANDING**

I hereby consent to submit to urinalysis and/or other tests as shall be determined thereof by the company (Southeast Milk Inc., Gustafsons, LLC, Sunshine State Dairy Farms, LLC) as a condition of employment and for the purpose of determining specific drug content. I agree that a D.H.H.S certified lab may collect these specimens for these tests and may use them or forward them to a testing laboratory designated by the company for analysis.

I further agree to have these results reviewed by a Medical Review Officer. I hereby release to the company, the results of the test(s) to which I have consented. I further authorize the company to discuss the results with medical personnel collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein and to use the test results in conjunction with employment actions, professional licensing procedures, and as a defense to any legal action to which I am party. I release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate company officials or government agencies. I agree that a reproduced copy of this form shall have the same effect as the original.

I understand the company's drug abuse and drug testing policy and consent to the terms set forth in the policy. I further acknowledge that the policy has been posted in an appropriate place on the company's premises and copies are available for inspection during regular business hours. I acknowledge that I have read this policy and fully understand that the company can establish other work rules related to possession, use, sale or solicitation of drugs, including policies concerning arrests or convictions for drug or alcohol-related offenses, and can suspend, or terminate, or deny employment for such conduct.

The following list includes the types of drugs all non-DOT employees may be tested for:

- | | | |
|---------------|---|-----------------|
| Alcohol | • | Opiates |
| Amphetamines | • | Barbiturates |
| Cannabinoids | • | Benzodiazepines |
| Cocaine | • | Methadone |
| Phencyclidine | • | Propoxyphene |
| Methaqualone | | |

I have carefully read the forgoing and fully understand its contents. I agree that my signing of this Consent, Release and Acknowledgement of Understanding form is voluntary and that I have not been coerced into signing this document.

Print Your Name: _____

Date: _____

Enter Your Signature: _____