



N7160 Raceway Road
Beaver Dam, WI 53916
T 1-800-924-2991
www.unitedcooperative.com

Employment application

*United Cooperative ("Company") means United Cooperative or any Division, Entity, or Subsidiary of United Cooperative.

United Cooperative is an equal opportunity employer. United Cooperative does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, sexual orientation, national origin, disability or handicap, veteran status, or any other basis prohibited by federal or state law.

PERSONAL INFORMATION

DATE / /

Legal Name (Last)	(First) (No Nicknames)	(Middle)	Social Security #	Email Address
			/ /	
Home Address	City	State	Zip	
Home Telephone ()	Cell Phone ()	Work ()	(Contact you at Work?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applying For	(Location)	You are applying for (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal		

Days and Hours Available.

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Willing to relocate? ☐ Yes ☐ No
Willing to Travel? ☐ Yes ☐ No
If yes, what %? _____ %

Date you can start? _____ Hourly Rate/Salary desired? _____

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No State _____ I.D. # _____

Are you at least 18 years of age? ☐ Yes ☐ No

If No, do you have a current work permit? ☐ Yes ☐ No

Have you worked for United Cooperative before? ☐ Yes ☐ No

If Yes: From _____ to _____

Position: _____ Supervisor: _____

EDUCATION

Type of School	Name and Location	No. of Years Attended	Degree/Area Of Study	GPA	Degree Received
High School	Name City State				
College or Technical	Name City State				
Graduate School	Name City State				
Other (e.g. GED)	Name City State				

SPECIAL SKILLS/LICENSES

SKILLS

Typing Speed _____ WPM Office machines I can operate: ☐ Fax ☐ Copier ☐ Calculator
☐ Switchboard ☐ Cash Register ☐ Multiple line phone _____ lines ☐ Adding Machine 10 Key

I am PC (Computer) literate ☐ Yes ☐ No

Software I am proficient at: ☐ Word ☐ Excel ☐ Microsoft Outlook ☐ Power Point ☐ Desktop Publishing
☐ Other _____

I am experienced and can operate: ☐ Industrial forklift (Certified), ☐ Front-end loader ☐ Skid steer
☐ Farm tractor(s) ☐ Floation sprayer ☐ ATV ☐ Other _____

Indicate any other skills or training you have which will assist us in evaluating your qualifications with respect to the job for which you are applying:

Foreign Language Skill: _____ ☐ Speak ☐ Read ☐ Write

LICENSES or CERTIFICATES

I have a commercial driver's license (CDL) ☐ Yes ☐ No

If Yes, Class ☐ A ☐ B ☐ C

Endorsements: ☐ Hazmat ☐ Tanker

State _____ Expiration Date ____/____/____ Other: _____

☐ Pesticide Applicator LIC. ☐ Certified Crop Adviser Cert. ☐ WI Tank Installer LIC. ☐ CETP Propane Cert.

BACKGROUND

Have you ever been convicted of a misdemeanor, or felony? ☐ Yes ☐ No
If yes, please give the details.

A yes answer does not automatically bar you from employment and is only considered as it relates to the specific job for which you are applying, or being considered for.

Have you signed a non-compete or confidential agreement that is in effect and may prevent you from working freely for United Cooperative? ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer? ☐ Yes ☐ No
If yes, please provide company names and details

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

Are you related to any employee of United Cooperative or a member of its Board of Directors? ☐ Yes ☐ No
If yes, relationship _____

EMPLOYMENT HISTORY

List all employment, starting with your current employment or your most recent employment.

Indicate your activity during any unemployed time period or gaps in employment.

A. Name of Employer: _____ Job Title: _____
Address: _____ Telephone Number _____/_____/_____
Start Date; _____/_____/_____ End Date; _____/_____/_____
Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
Job Duties: _____
Supervisor's Name and Title: _____
Reason for leaving or wanting to leave: _____

May we contact this employer? ☐ Yes ☐ No

B. Name of Employer: _____ Job Title: _____
Address: _____ Telephone Number _____/_____/_____
Start Date; _____/_____/_____ End Date; _____/_____/_____
Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
Job Duties: _____
Supervisor's Name and Title: _____
Reason for leaving or wanting to leave: _____

May we contact this employer? ☐ Yes ☐ No

C. Name of Employer: _____ Job Title: _____
Address: _____ Telephone Number _____/_____/_____
Start Date; _____/_____/_____ End Date; _____/_____/_____
Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
Job Duties: _____
Supervisor's Name and Title: _____
Reason for leaving or wanting to leave: _____

May we contact this employer? ☐ Yes ☐ No

D. Name of Employer: _____ Job Title: _____
Address: _____ Telephone Number _____/_____/_____
Start Date; _____/_____/_____ End Date; _____/_____/_____
Start Pay: \$ _____ per _____ End Pay: \$ _____ per _____
Job Duties: _____
Supervisor's Name and Title: _____
Reason for leaving or wanting to leave: _____

May we contact this employer? ☐ Yes ☐ No

WORK REFERENCES

Three references who can verify your work experience, skills or other characteristics related to the job for which you are applying.

#1 Name: _____ Address: _____ Company: _____	Title: _____ Relationship to you: _____ Telephone Number: (_____) _____ - _____
#2 Name: _____ Address: _____ Company: _____	Title: _____ Relationship to you: _____ Telephone Number: (_____) _____ - _____
#3 Name: _____ Address: _____ Company: _____	Title: _____ Relationship to you: _____ Telephone Number: (_____) _____ - _____

How did you hear about this employment opportunity?

☐ United Cooperative Website: www.unitedcooperative.com
☐ Newspaper – If yes, which one? _____

☐ Craig's List
☐ Other – If yes, please explain. _____

Referral to the company.

Did someone at the company refer you to this job? ☐ Yes, _____

CERTIFICATION AND TERMS

I certify that all of the information I have given in completing this application is true and complete. I hereby release the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I further understand that the Company may refuse employment or discharge me during employment if I have given false or misleading information or omissions in this application.

In signing this application, I give my permission to the Company to perform an investigation either by direct or indirect means that may involve all or some of the following: previous employment, education, credit record, driving record, criminal history, and skill verification. I further authorize any individual, previous employer, institution, or company to provide such information and release such party(s) including the Company from any and all liability that might otherwise be incurred in furnishing such information, subject to federal and state law. ***If a credit report is requested and information on that report is used by the Company, which adversely affects you, the Company will furnish you with a copy of that report and your rights under the "Fair Credit Reporting Act."***

I understand and agree that if employed, the employment will be "at will". I understand that any employment offered is for an indefinite duration and at will and that either I or the Company may terminate my employment at any time with or without notice or cause. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Company. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I further understand that receipt of this application by the Company does not imply employment nor is this application a contract of employment. I understand that no Company representative has the authority to alter the "at will" nature of this employment absent written authorization of the President and C.E.O.

I further understand that if employed, I may be required to voluntarily submit to a drug test as directed by the Company for any of the following; (a) a drug/alcohol screening after hire but before starting work, (b) a random drug/alcohol test legally required in your job, e.g. DOT, (c) a random drug/alcohol test as required by the Company, (d) a drug/alcohol test after involvement in an "on the job" industrial or vehicular accident, (e) a drug/ alcohol test after an occurrence of "probable cause". If I refuse to take a drug/alcohol test, I understand that an offer of employment may be withdrawn or my employment terminated by the Company.

This application is valid only for 30 days from the date signed/dated above. Consideration for employment after 30 days requires a new application.

I attest with my signature below that I have given to the Company true and complete information on this application. No requested information has been concealed. I also agree to and understand the above Certification and Terms.

SIGNATURE

_____/_____/_____
DATE

Please Print Your Name