

## APPLICATION FOR EMPLOYMENT

Prospective Employer ("the Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years old or older?  Yes  No

Are you authorized to work in the U.S.?  Yes  No Referred by: \_\_\_\_\_

State the name of any relatives, other than spouse, already employed by this company. \_\_\_\_\_

### POSITION DESIRED

Position: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you previously worked for this company?  Yes  No If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Former supervisor(s) at this company: \_\_\_\_\_

How did you learn of this opening: \_\_\_\_\_

### EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studies & Degree (s)
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education or training: \_\_\_\_\_

Other special skills: \_\_\_\_\_

Activities (Civic, athletic, etc.) in which you participate: \_\_\_\_\_

Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin, or disabilities of its members.)

Have you ever been convicted of a crime?\*  Yes  No

If yes, give details, including date(s):

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

**WORK EXPERIENCE**

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Manager's Name & Title: \_\_\_\_\_ May we contact:  Yes  No  
 Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Manager's Name & Title: \_\_\_\_\_ May we contact:  Yes  No  
 Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Position Held: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Manager's Name & Title: \_\_\_\_\_ May we contact:  Yes  No  
 Starting Salary: \_\_\_\_\_ Final Salary \_\_\_\_\_

**REFERENCES**

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	How Acquainted & # of Years	Phone Number
			( )
			( )
			( )

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation, or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

# LeRoy Cooperative Assn.

## EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. § 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

### **EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state, and local laws, I hereby authorize and permit The LeRoy Cooperative Assn (Employer) to obtain:

1. Records concerning any driving, criminal history, workers' compensation (post-offer only) and drug testing;
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as my Employer from my liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Drivers License number \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Full Name \_\_\_\_\_  
(please print clearly) Signature \_\_\_\_\_ Date \_\_\_\_\_