



601 East Soo Street Suite A, Parkers Prairie, MN 56361 – Phone: (218)338-3001 Fax: (218)338-3334 Email: mainoffice@proagfarmers.com

APPLICATION FOR EMPLOYMENT

Pro Ag Farmers Cooperative is an equal opportunity employer and will not discriminate against any applicant for employment because of race, color, religion, gender, national origin, sexual orientation, disability, age, marital status or any other protected status. If hired, applicant must pass a pre-employment Drug & Alcohol Screening/Criminal Background Check. Applicants who require an accommodation throughout the application and interview process should request this in advance. Additional testing of job related skills may be required prior to employment. If you feel that you have been discriminated against during the application process, contact our Main Office at (218) 338-3001.

How did you hear about Pro Ag Farmers Cooperative?		Today's Date:	
<input type="radio"/> ADVERTISEMENT		<input type="radio"/> INTERNET SITE:	
<input type="radio"/> JOB FAIR/RECRUITING EVENT (PLEASE IDENTIFY WHICH / WHERE):		<input type="radio"/> REFERRAL (WHO REFERRED YOU):	
<input type="radio"/> OTHER (PLEASE EXPLAIN):			
Position Applying For:		Position Location (City)?	
Seasonal _____; Part Time _____; Full Time _____		Wage Desired: _____ Date you can Start? _____	
Applicant's Last Name		First Name	Middle Initial
Home Address		City	State
Home Phone #, with area code: (_____)		Cell Phone #, with area code: (_____)	
E-mail address:		Best way to contact me (check one or two):	
		Home Phone _____	
		Cell Phone _____	
		E-mail _____	
		Other _____	
Are you 18 years of age or older?		Yes	No
If applying for a position which will require driving, do you have a valid, insurable, driver's license?		Yes	No
Have you ever been employed by Pro Ag Farmers Cooperative before?		Yes	No
If yes, what position, and dates of employment?		Reason for Leaving:	
If hired, can you furnish proof that you are eligible to work in the United States?		Yes	No

EDUCATIONAL HISTORY			
Name of School / Location	Did You Graduate?	Degree/Diploma Certificate	Major
High School:			
College or University:			
Graduate:			
Technical, Business or Vocational Training:			
Additional job related seminars, short courses, workshops, or other educational experiences:			

WORK HISTORY			
Enter your past seven (7) years of employment, starting with your most current employer. Failure to provide complete information may result in rejection of your application.			
If currently employed, may we contact your current employer?		YES	NO
Present and Former Employers: LIST MOST RECENT FIRST			
Company Name, and type of business		Job Title & Duties	
Address		City, State, Zip	
Supervisor's Name		Supervisor's Telephone Number	
Dates Worked (month, year), FROM:		TO:	Reason for Leaving
			Final Wage/Salary
Company Name, and type of business		Job Title & Duties	
Address		City, State, Zip	
Supervisor's Name		Supervisor's Telephone Number	
Dates Worked (month, year), FROM:		TO:	Reason for Leaving
			Final Wage/Salary
Company Name, and type of business		Job Title & Duties	
Address		City, State, Zip	
Supervisor's Name		Supervisor's Telephone Number	
Dates Worked (month, year), FROM:		TO:	Reason for Leaving
			Final Wage/Salary

Pro Ag Farmers Cooperative

Work History continued.

Company Name, and type of business	Job Title & Duties		
Address	City, State, Zip		
Supervisor's Name	Supervisor's Telephone Number		
Dates Worked (month, year), FROM:	TO:	Reason for Leaving	Final Wage/Salary
If applicable, explain any gaps in your Work History above:			
<hr/> <hr/> <hr/> <hr/>			
Please list any other special skills and/or qualifications:			
<hr/> <hr/> <hr/> <hr/>			
Additional information you want us to consider in evaluating your qualifications:			
<hr/> <hr/> <hr/> <hr/>			

REFERENCES			
Please list a minimum of two current and/or past supervisors/managers you reported to. Do not include relatives.			
Name	Company, Address, City, State,	Job Title	Telephone #, E-mail Zip
1.			
2.			
3.			

Applicant's Name (please print): _____

Former name(s) – if applicable (please print): _____

AGREEMENT - PLEASE READ CAREFULLY ENTIRE STATEMENT BELOW AND SIGN

I certify that the facts contained in this application are true and complete, to the best of my knowledge. I acknowledge that Pro Ag Farmers Cooperative may rely on my representations in this application in making its hiring decision. I understand that any false statement or omission of information submitted on this application may result in my not being hired or, if discovered later, my immediate discharge.

I authorize investigation of all statements contained herein and authorize the references and previous employers listed above to give Pro Ag Farmers Cooperative any and all information requested concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that the results of such an investigation may be used to determine whether I will be hired. I hereby release said references, investigators, previous employers and Pro Ag Farmers Cooperative from all liability for any damage that may result from furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to Pro Ag Farmers Cooperative rules and understand that my employment is "at will" and can be terminated with or without cause, and with or without notice, at any time, at my option or the option of Pro Ag Farmers Cooperative where applicable. I also understand that this application and any employment manuals or handbooks that may be distributed to me during my employment shall not be regarded as a contract.

Applicant's Signature	Date
-----------------------	------