



# Employment Application

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws.

PLEASE PRINT.

Job Applied for \_\_\_\_\_ Date \_\_\_\_\_

## A. PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you over 18 years of age:  YES  NO (If not, Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
(Farmers Win Cooperative is committed to full compliance with all federal, state and local laws dealing with not only non-discrimination on the basis of age, but also those which regulate the types of work and hours of work certain persons may perform (e.g. "child labor" laws.) This question is intended to assure that you meet the minimum "age" requirements with regard to the duties of the position you are seeking in the particular jurisdiction in which it will be performed.)

Are you eligible for employment in the United States:  YES  NO

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  FULL TIME  PART TIME  SEASONAL

## B. EMPLOYMENT

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills, and abilities in completing for this position. Therefore, please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods.

List your three most recent positions held, starting with the most recent employer first.

From /	Employer Name: Address:	Position held, duties	Supervisor: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Number:		Starting Pay: Ending Pay:
Reason for leaving:			
From /	Employer Name: Address:	Position held, duties	Supervisor: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Number:		Starting Pay: Ending Pay:
Reason for leaving:			
From /	Employer Name: Address:	Position held, duties	Supervisor: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Phone Number:		Starting Pay: Ending Pay:
Reason for leaving:			

## C. REFERENCES: Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship
1.		
2.		

**D. EDUCATION**

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**E. SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. CERTIFICATION & RELEASE**

I certify that the information contained in this application are true, complete, and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information. I understand that it may be necessary for me to authorize the verification of my consumer reports on a separate and enclosed disclosure and authorization form and attest that, to the best of my knowledge, the consumer reports will meet the requirements of the company.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain state or federal laws, I may be required to submit to an alcohol and/or drug test (which may or may not be a part of a post offer, pre-employment physical) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of results to the company.

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

(Note: This application will be active for 6 months)

*This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.*

FARMERS WIN COOPERATIVE

AN EQUAL EMPLOYMENT  
OPPORTUNITY EMPLOYER