

United Prairie Ag, LLC
APPLICATION FOR EMPLOYMENT

United Prairie Ag, LLC 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.

Notice: Substance and Alcohol Testing is required of applicant.

PERSONAL INFORMATION

Date: _____

Applicant Name: _____
Last First Middle

Present Address: _____ Dates: _____
Street City State Zip Code From To

Addresses for the past three (3) years:

Previous Address: _____ Dates: _____
Street City State Zip Code From To

Previous Address: _____ Dates: _____
Street City State Zip Code From To

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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: _____

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.

Employment History

Please provide information on past employers during the preceding 10 years, beginning with the most recent.

If you need more room, you may attach another sheet of paper.

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City State Zip (Date) (Date)

Duties: _____ Reason for leaving: _____

Contact Person: _____ Phone number: _____ May we contact? Yes No

Starting Salary: _____ Final Salary _____

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City State Zip (Date) (Date)

Duties: _____ Reason for leaving: _____

Contact Person: _____ Phone number: _____ May we contact? Yes No

Starting Salary: _____ Final Salary _____

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City State Zip (Date) (Date)

Duties: _____ Reason for leaving: _____

Contact Person: _____ Phone number: _____ May we contact? Yes No

Starting Salary: _____ Final Salary _____

Employer: _____ Position Held: _____

Address: _____ From _____ To _____
Street City State Zip (Date) (Date)

Duties: _____ Reason for leaving: _____

Contact Person: _____ Phone number: _____ May we contact? Yes No

Starting Salary: _____ Final Salary _____

EXPERIENCE AND QUALIFICATIONS

Drivers License # _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
 If you have not had any convictions in the past three years then write, NONE, in the space provided.

Date	Location	Charge	Penalty

Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes No
 Has any license, permit or privilege ever been suspended or revoked? Yes No

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
Last Accident: _____				
Next Previous: _____				
Next Previous: _____				

If you need more room, you may attach another sheet of paper.

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	Years Acquainted

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct I authorize United Prairie Ag, LLC 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 United Prairie Ag, LLC 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 United Prairie Ag, LLC 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 United Prairie Ag, LLC’s rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of United Prairie Ag, LLC 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 UNITED PRAIRIE AG, LLC HAS THE SAME RIGHT.

Date: _____ Signature: _____

UNITED PRAIRIE AG LLC

FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE AND AUTHORIZATION FORM

Definitions you will want to understand before signing this form include:

Employment purposes	When used in connection with a consumer report, this term means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment, or retention as an employee.
Adverse action	A denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee.
Consumer report	May include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
Investigative consumer report	A consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. However, such information shall not include specific factual information on a consumer's credit record obtained directly from a creditor of the consumer or from a consumer reporting agency when such information was obtained directly from a creditor of the consumer or from the consumer.

Please take notice that one or more consumer reports may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, as amended, 15 U.S.C. §1681, *et seq.* Should a decision to take any adverse action against you be made, based either in whole or in part on the consumer report, the consumer reporting agency that provided the report played no role in our decision to take such adverse action.

If your employment falls under the federal Department of Transportation ("DOT") and the Federal Motor Carrier Safety Administration ("FMCSA"), including 49 CFR §391.23; the report could include your driving, safety inspection and performance history from the FMCSA.

Information provided by you will be used in order to obtain information in connection with an investigation to determine your (1) fitness for employment, (2) clearance to perform contractual service for our company, and/or (3) security clearance or access. You have a right to request a complete and accurate disclosure of the nature and scope of any investigative consumer report requested. In addition, you have a right to a written summary of your rights under §1681g of the Fair Credit Reporting Act, as amended.

I hereby authorize Cropland Co-op, dba United Prairie Ag, LLC to obtain such report(s) for employment purposes. If I am offered employment by the company I further authorize Cropland Co-op, dba United Prairie Ag, LLC, to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

Print Name

Social Security Number

Signature

Date

Your Social Security Number is needed to keep records accurate, because other people may have the same name.