

Application for Employment

520 Co Rd 9 PO Box 78
Holloway, MN 56249
320-394-2171
Fax: 320-394-2180
Kerry Bonk, HR Ext. 1233
kbonk@west-con.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For:

(Please Print)

Western Consolidated Cooperative <input type="checkbox"/> Office <input type="checkbox"/> Truck Driver <input type="checkbox"/> General Labor <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____		Available to Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal-Dates: Please indicate dates available: _____ <input type="checkbox"/> Student-Dates: To: _____ From: _____	Date of Application
Last Name		First Name	Middle Name
Address	Street	City	State Zip Code
Telephone Number(s) Home - - Work - -		Social Security Number - - -	

If you are under 18 years of age, can you provide required proof?
of your eligibility to work?

☐ Yes ☐ No ☐ NA

Have you ever filed an application with us before?

☐ Yes ☐ No

If yes, give date _____

Have you been employed with us before?

☐ Yes ☐ No

If yes, give date _____

Are you currently employed?

☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

On what date would you be available for work?

Can you travel if a job requires it?

☐ Yes ☐ No

Do any of your friends or relatives, other than spouse, work here?

☐ Yes ☐ No

If yes, state name, relationship and location. _____

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Inquiry

☐ Employment Agency ☐ Relative ☐ Other _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, Apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status.

References:

Give **name, best time to call & telephone number** of three references who are not related to you and are not previous employers.

	Name	Phone Number	Best time to call
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If yes, please describe:

Employment History: Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. List complete employment history, for the past five years. For Commercial Drivers please list past 10 years. Any gaps in employment must be explained.

If you need additional space, please continue on a separate sheet of paper.

Employer		<u>Dates Employed</u>	Work Performed
		From: ____ / ____ / ____	
Address		To: ____ / ____ / ____	
Telephone Number(s)		<u>Hourly Rate:</u>	
		Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			
Employer		<u>Dates Employed</u>	Work Performed
		From: ____ / ____ / ____	
Address		To: ____ / ____ / ____	
Telephone Number(s)		<u>Hourly Rate:</u>	
		Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			
Employer		<u>Dates Employed</u>	Work Performed
		From: ____ / ____ / ____	
Address		To: ____ / ____ / ____	
Telephone Number(s)		<u>Hourly Rate:</u>	
		Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			
Employer		<u>Dates Employed</u>	Work Performed
		From: ____ / ____ / ____	
Address		To: ____ / ____ / ____	
Telephone Number(s)		<u>Hourly Rate:</u>	
		Starting:	
Job Title	Supervisor	Final:	
Reason for Leaving			

Additional Information: Complete **only** if you have been informed about the requirements of the job for which you are applying.

Are you able to perform the essential requirements of the job? Yes___ No___

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

☐ Yes

☐ No

Remarks: _____

Employed ☐ Yes ☐ No Date of Employment ____/____/____.

Hourly/Salaried

Job Title _____ Rate: _____ Department: _____

By _____
Name and Title

Date

Notes:

Western Consolidated Cooperative

CONSENT TO DRUG/ALCOHOL TESTING

I understand it is the policy of Western Consolidated Cooperative to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with Western consolidated Cooperative is the satisfactory passing of the company's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by Western Consolidated cooperative.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the company and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to Western Consolidated Cooperative and other officially interested parties the results of my tests and other test-related information.

At this time I consent to a drug and/or alcohol test.

Print Name

Signature

Date

Company Witness Signature

Date

App/consent/2010,2020

Western Consolidated Cooperative

REQUEST FOR CHECK OF DRIVING RECORD

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iix, a Verisk Analytics Business
1716 Briarcrest Dr
Suite 200
Bryan, Tx 77802

Consumer reports may include background, employment history, academic and /or professional credentials, military service, credit history, and driving history. Information gathered also may involve a criminal history and /or alcohol or drug use history, if any. 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.

I hereby authorize and permit West-Con to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and /or professional credentials, and information and /or copies of documents from any military service records. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers: I understand that Title 49 of the Federal Code of Regulations, 391.23, requires that my prospective employer and /or its agents may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with section 391.23 and 49 CFR 40.25.

By signing below I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and /or form or through a consumer reporting agency, such as iix, a Verisk Analytics Business. I understand and acknowledge that the information provided in the consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of adverse action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Sign below and fill out the following information:

Applicants Signature

Date

(Print Full Name)

NAME OF APPLICANT _____

First

Middle

Last

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____

DRIVERS LICENSE STATE OF ISSUE _____

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named above is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

The above information requested by:

Western Consolidated Cooperative
520 Co. Rd. 9 PO Box 78, Holloway, MN 56249

Kerry Bonk

Authorized Signature (Human Resources/Safety Director)

Date

Forms/KB/2009, 2019