

# Application for Employment

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 Holloway, MN 56249  
 320-394-2171  
 Fax: 320-394-2180  
 Kerry Bonk, HR Ext. 233  
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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)**

<p><b><u>Western Consolidated Cooperative</u></b></p> <input type="checkbox"/> Office <input type="checkbox"/> Truck Driver <input type="checkbox"/> General Labor <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____	<p><b><u>Available to Work:</u></b></p> <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: _____	<p><b><u>Date of Application</u></b></p>
Last Name _____ First Name _____ Middle Name _____		
Address _____ Street _____ City _____ State _____ Zip Code _____		
Telephone Number(s) _____ Social Security Number _____ Home _____ - _____ - _____ Work _____ - _____ - _____		

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 \_\_\_\_\_

	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.

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**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.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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, but do not provide dates or employment for jobs held more than five years ago.

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

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

**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?

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**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:**

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**Consent by Applicants or Employees for Drug or Alcohol testing under the company policy on Drugs and Alcohol FOR MINNESOTA**

I acknowledge that I have had an opportunity to read and review a written copy of the company policy on Drugs and Alcohol in the workplace and Drug and Alcohol Testing.

I hereby voluntarily consent to the company or its designated clinic, to collect a blood, urine, and/or breath sample(s) from me for testing for drugs and/or alcohol. I further consent that the testing clinic or laboratory may conduct testing or other analysis on any such body samples provided by me and may disclose the test results data to the company. If I am an applicant for employment, I understand that positive test results will result in the withdrawal of the offer of employment. If I am an employee, I understand that positive test results may result in my assessment of chemical dependency, and I consent to release of such information regarding any chemical dependency and suggested corrective treatment to the company. I also understand that positive test results may result in adverse personnel action, up to and including termination. Other than as stated in the policy, I understand that any test results will be treated as confidential and not disclosed to third parties without my consent.

I understand that, should I have a positive test result, I will have the right and the opportunity to submit additional information to explain the test result. This information should include any over-the-counter or prescription medications that I am currently taking or have recently taken and any other information relevant to the reliability of, or explanation for, a positive test result.

\_\_\_\_\_  
Signature      Print Name (First, Middle, Last)      \_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Address (Street)

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Company Name

