



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Date of Application: _____

PERSONAL

Full Name: _____ Primary Phone: _____

Present Address: _____

City/State/Zip: _____ Other Phone: _____

Date of birth, if under 18 years of age: _____ E-Mail Address: _____

What prompted you to apply here? _____

Do you have relatives working here? YES NO If yes, name and relationship: _____

Have you ever been employed by any other farm co-op or farm service provider? YES NO

If yes, when and where: _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? YES NO If yes, please explain: _____

For outside positions, are you able to lift at least 50 lbs? YES NO

INTERESTS

Type of work or position desired: _____

Date available: ___/___/___ Earnings Expected: \$ _____

Locational preference or restrictions: _____

GENERAL

Detail your special skills (operation of office machines, shop equipment etc): _____

Detail any specific licenses or certifications that you have: _____



MILITARY

U.S. Military Branch of Service: _____ From: ___/___/___ To: ___/___/___

Special Training: _____

EDUCATION

High School Name: _____ Did you graduate? YES NO

Address: _____ Course of Study: _____

College/Other: _____ Did you graduate? YES NO

Address: _____ Course of Study: _____

College/Other: _____ Did you graduate? YES NO

Address: _____ Course of Study: _____

College/Other: _____ Did you graduate? YES NO

Address: _____ Course of Study: _____

High School Grade Point Average or Standing: _____ College Grade Point Average: _____

Extra-curricular Activities: _____

Honors & Achievements: _____

REFERENCES

Name & Occupation: _____ Address: _____

Phone: _____

Name & Occupation: _____ Address: _____

Phone: _____

Name & Occupation: _____ Address: _____

Phone: _____



EMPLOYMENT HISTORY (List in order, beginning with most recent)

Last or Present employer: _____ From: ___/___/___ To: ___/___/___

Address: _____ Compensation: \$ _____

Title or Position: _____ Supervisor: _____

Description of Work: _____

Reason for Leaving: _____

Second employer: _____ From: ___/___/___ To: ___/___/___

Address: _____ **Compensation:** \$ _____

Title or Position: _____ **Supervisor:** _____

Description of Work: _____

Reason for Leaving: _____

Third employer: _____ From: ___/___/___ To: ___/___/___

Address: _____ Compensation: \$ _____

Title or Position: _____ Supervisor: _____

Description of Work: _____

Reason for Leaving: _____

(Indicate by number any you do not wish to contact: _____ Why not? _____)

I certify that the information given in this application and any interview(s) is true and complete to the best of my knowledge. I understand that, if employed, false statements in this application may be considered sufficient cause for dismissal.

By making this application, I authorize Legacy Farmers Cooperative to verify my education and work history and give my permission to contact my references.

Signature of Applicant: _____ Date: ___/___/___