



EAST CENTRAL IOWA COOPERATIVE

EMPLOYMENT APPLICATION

Location _____ Department _____

ECI considers applicants for all positions without regard to race, color, national origin, age, marital or veteran status, the presence of disability, or any other legally protected status. ECI is an Equal Opportunity Employer.

Personal Information

Please Print

Last Name		First Name		Middle Name	
Current Address	Number	Street	City	State	Zip Code
Telephone Number(s):			Email Address:		

Are you at least 18 years of age and can you provide Required proof of age after hiring? Yes_____ No_____

The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Have you ever worked for this company? Yes_____ No_____

If yes, give date and location: _____

Reason for leaving: _____

On what date would you be available for work? _____

Name any relative working for ECI. _____

Can you travel if job requires it? Yes_____ No_____

Can you, at any time of employment, submit verification of your legal right to work in the United States? Yes_____ No_____

Have you ever been convicted of a crime other than a minor traffic violation? Yes_____ No_____

NOTE: a conviction will not necessarily bar you from employment as each conviction will be assessed with respect to the time, circumstances, and seriousness as they relate to your employment. If yes, please explain on a separate sheet of paper.

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Position Applying For: _____

Full Time _____ Part Time _____ Salary/Wage Desired: _____

Are you currently employed? Yes _____ No _____

If yes, may we contact employer? Yes _____ No _____

Explain: _____

How did you learn about us? Advertisement _____ Employment Agency _____ Friend _____

Relative _____ Walk-In _____ Other _____

Education

High School _____ Location _____

Did you Graduate? Yes _____ No _____

College _____ Location _____

Did you Graduate? Yes _____ No _____

Major _____

Trade/Business/Graduate School _____

Location _____ Did you Graduate? Yes _____ No _____

Major _____

Indicate Equipment You Can Operate: PC _____ Calculator _____ Typewriter _____ Fax _____

PBX/Switchboard _____ Copy Machine _____

Indicate Programs You Can Work With: Lotus _____ Word Perfect _____ Power Point _____

Excel _____ Other _____

Why are you interested in becoming an employee with ECI?

List any special job-related skills and qualifications acquired from employment or other experiences:

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Employment History—past ten years, list most recent first

Company Name _____	Supervisor _____
Address _____	Telephone # _____
Responsibilities _____	
Dates of Employment: From _____ To _____	
Reason for Leaving _____	
Starting Wage \$ _____	Ending Wage \$ _____
Company Name _____	Supervisor _____
Address _____	Telephone # _____
Responsibilities _____	
Dates of Employment: From _____ To _____	
Reason for Leaving _____	
Starting Wage \$ _____	Ending Wage \$ _____
Company Name _____	Supervisor _____
Address _____	Telephone # _____
Responsibilities _____	
Dates of Employment: From _____ To _____	
Reason for Leaving _____	
Starting Wage \$ _____	Ending Wage \$ _____
Company Name _____	Supervisor _____
Address _____	Telephone # _____
Responsibilities _____	
Dates of Employment: From _____ To _____	
Reason for Leaving _____	
Starting Wage \$ _____	Ending Wage \$ _____

Use back of form if necessary for additional information:

References:

Give name, address and telephone number of three references who are not related to you and who are familiar with your abilities and work ethic.

(1) _____

(2) _____

(3) _____

Applicant's Statement

I certify that the information provided by me on this Application Form is correct. I understand that the furnishing of any misleading or incorrect on this Application Form or its attachments will be just cause for termination should I become employed by ECI, regardless of when or how discovered.

It is agreed and understood that the company or its agents may investigate my background to ascertain any and all information of concern to my employment history. I also authorize any and all former employers listed on this Application Form to furnish any information regarding my job performance. I agree to hold my former employers and their agents harmless from all liability that could relate in any way to the disclosure of private information or an assessment or opinion of my suitability for employment.

I understand that my employment is for no fixed term. I understand that employment with ECI is on an **at will basis** and my employment may be terminated with or without notice by me or the Company. I also understand that no employee, officer or agent of the Company may bind it to anything contrary to the above by oral or printed statements, including handbook, benefit booklets or other forms of communication.

Signature of Applicant

Date

Administrative Use Only:

Schedule Interview Yes_____ No_____ Date/Time_____

Remarks _____

Employed Yes_____ No_____ Date of Employment_____

Job Title _____ Hourly Rate/Salary_____

Notes _____
