



FARMERS ELEVATOR & EXCHANGE, INC.



P.O. BOX 65
 WAPELLO, IA 52653
www.farmerseande.com
 (319) 523-5351 • (800) 820-2723
 FAX: 319-523-5514

Personal Information:

NAME FIRST		MIDDLE	LAST
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE HOME		CELL	
BIRTH DATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

Farmers Elevator & Exchange may check driving records of applicants applying for outside operations positions.

Are you eligible to work in the United States? Yes No

If you are under age 18, do you have an employment/age certificate? Yes No

Have you ever been convicted of or pleaded no contest to a felony? Yes No

If yes, please explain:

Position/Availability:

POSITION APPLIED FOR
 DAYS/HOURS AVAILABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 AM-NOON					
NOON-4:30					

WHAT DATE ARE YOU AVAILABLE TO START WORK?

Education:

SECONDARY SCHOOL	ADDRESS OF SCHOOL	DIPLOMA/GED	GRADUATION DATE
POST-SECONDARY EDUCATION	ADDRESS OF INSTITUTION	DEGREE ACHIEVED	GRADUATION DATE



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Skills and Qualifications:

Licenses:

Commercial Driver's License: Class A Class B Other None

Please explain other or list any endorsements: _____

Iowa Commercial Pesticide Applicator License: Yes No
 Categories: 1A-Weed 1B-Insect 1C-Disease
 Other (Please Specify) _____

Training:

Please describe any training: _____

Awards:

Please list any awards received: _____

Employment History:

Employer		Supervisor	
Address, City, State, Zip			Phone
Position Held	Hire Date	Leave Date	Reason for leaving
Responsibilities: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer		Supervisor	
Address, City, State, Zip			Phone
Position Held	Hire Date	Leave Date	Reason for leaving
Responsibilities: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list at least two references (at least one professional), their phone number so we may contact them:

REFERENCE'S NAME	CONTACT NUMBER	RELATIONSHIP



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I certify that the information in this application is true and correct. I understand that false information may be grounds for not hiring me or for immediate termination of my employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____

Please leave at the office or contact the General Manager, James Tholund, to talk about any job opportunities Farmers Elevator & Exchange may have available. Thank you.