

Date of Application: _____
Applicant Name: _____

Coshocton Grain Company

Application for Employment

Conditions of employment are stated at the end of this form.
Please Read carefully before you sign this application.

An Equal Opportunity Employer

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation and any other legally protected status.

Personal Information

Full Name:

Address: Street

City

State

Zip Code

Telephone Numbers:

Home

Work

Cell

Position Applied for:

Date:

Type of Employment Desired: Full-Time Part Time Temporary Educational Internship

Date Available for Work:

How did you hear about us? Advertisement Employee Employment Agency Walk-In Other

Name of Source (if applicable):

Have you ever been employed by this company or one of its divisions before? Yes No

If yes, give Dates: From

To

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

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? Yes No

(If no, you may be required to provide work authorization documentation)

Have you ever been convicted of a felony? Yes No

(A response is required unless specifically prohibited by the state law in which you live. A conviction record will not necessarily be a bar to employment. Factors such as job relations, age, and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.)

If yes, please explain:

Educational Background

Name of School	Location of School (City and State)	Graduated?	Degree Obtained
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Credentials

Please list any professional certifications that are related to the position you are applying for:

Describe any specialized training, apprenticeships, licenses or skills, including job-related training from the United States Military:

Employment History

List your last three (3) employers, assignments, or volunteer activities starting with the most recent, including military experience

Company Name:	Dates Employed From:	To:
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Address:	Starting Salary \$	Ending Salary \$
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Position Title:

Brief Description of Position Responsibilities:

Name of Immediate Supervisor:

Immediate Supervisor's Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving:

Company Name:	Dates Employed From:	To:
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Address:	Starting Salary \$	Ending Salary \$
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Position Title:

Brief Description of Position Responsibilities:

Name of Immediate Supervisor:

Immediate Supervisor's Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving:

Company Name:	Dates Employed From:	To:
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Address:	Starting Salary \$	Ending Salary \$
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Position Title:

Brief Description of Position Responsibilities:

Name of Immediate Supervisor:

Immediate Supervisor's Phone Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reason for Leaving:

References

List name and telephone number of three business/work references that are not related to you.

If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known

- PLEASE READ CAREFULLY BEFORE SIGNING -

Any questions regarding this statement should be directed to any employment interviewer before signing.

I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. _____

I understand that the submission of an application does not guarantee employment. I further understand that, if an offer of employment be extended, that such employment is at-will, for no specified duration, and may be terminated by the company, or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements or company representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative or the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. _____

In consideration for employment with this company, if employed, I agree to conform to the rules, regulations, policies and procedures of the company at all times and understand that such obedience is a condition of employment. _____

I understand that if offered a position with this company, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests or checks will result in withdrawal of any employment offer or termination of employment if already employed. _____

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to the company or its representatives, agents, or vendors and I release parties involved from any and all liability for any damage that may result from providing such information. _____

I understand that this application is considered current for 6 months. If I wish to be considered for employment after this period, I must fill out and submit a new application. _____

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. _____

By signing below I acknowledge that I have read, understood and agree to the above statement.

Applicant's Signature

Date of Application