



Phone (402) 387-2811
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224 South Main Street
Ainsworth, NE 69210

www.frcoop.com

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Fill out completely – PLEASE PRINT

PERSONAL DATA

NAME (first, middle, last)		PREFERRED FIRST NAME	TODAY'S DATE
SOCIAL SECURITY #	TELEPHONE NUMBER	ALTERNATE NUMBER	ARE YOU 18 YEARS OF AGE?
PRESENT ADDRESS		CITY / STATE / ZIP	E-MAIL ADDRESS
PERMANENT ADDRESS (if different than above)		CITY / STATE / ZIP	
INDICATE THE TYPE OF EMPLOYMENT DESIRED?		HAVE YOU PREVIOUSLY WORKED FOR THIS COMPANY? If yes, when? Where?	
DATE AVAILABLE TO START	STARTING WAGE DESIRED	DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?	
ARE YOU WILLING TO RELOCATE?	CAN YOU TRAVEL IF REQUIRED	DATE AND BRANCH OF MILITARY SERVICE Rank:	
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED WITH OR WITOUT REASONABLE ACCOMMODATION?			
REFERRED BY		IF THROUGH A NEWSPAPER, PLEASE INDICATE SPECIFIC AD	

EDUCATIONAL BACKGROUND

Name of School City, State	Course of Study	Did you graduate? Yes or No	If yes, Date of graduation	Degree Received	Cumulative GPA or Grade Average
High School			N/A	N/A	
College/University					
Graduate School					
Vocational School/Technical Training					
Other Training or Skills (Excel, Microsoft Word, Accounting System, CDL, etc)					

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? TELEPHONE NUMBER:	MAY WE CONTACT YOU AT YOUR PLACE OF BUSINESS? TELEPHONE NUMBER:
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Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

Company Name & Address/ Contact (Supervisor)	Dates Employed Month and Year	Position	Salary	Reason for Leaving
	From To			
	From To			
	From To			
	From To			

BUSINESS/PROFESSIONAL REFERENCES

NAME	OCCUPATION/BUSINESS	ADDRESS	PHONE NUMBER

List any activities, hobbies, special skills, experience or other information you feel would be helpful in evaluating your qualifications. (e.g. professional organizations, inventions, published papers, licenses, volunteer work, positions in outside organizations). Do not list information revealing race, color, creed, religion, national origin, sex or ancestry.

UNDERSTANDING REGARDING CONDITIONS OF EMPLOYMENT

I hereby give permission to thoroughly investigate my past employment, education and activities; and, I release from all liability all persons, companies and corporations supplying such information, I release the investigating company from any liability which might result from making such investigation. I understand that any false answer, statement, or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing in this employment application or in the granting of an interview is intended to create a contract for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that the company retains a similar right.

I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States.

Applicants who are offered employment will be subject to testing for use of illegal drugs according to company policy/procedure.

SIGNATURE	DATE
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