

APP #1

AG PLUS 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.

Date: _____ Driver's license number (if driving is an essential job duty): _____

NAME: _____
Last First Middle

Address: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

Position(s) applied for or type of work desired: _____

Type of employment desired: ___ Regular full-time ___ Regular part-time ___ Temporary

Date you will be available to start work: _____

Can you with or without reasonable accommodation perform the essential functions of this job that are found on the job description? *(If you have any questions about the functions of the job, please ask the reviewer before answering this question)*

| | | |
|---|-----------|----------|
| Are you able to meet the attendance requirements? | _____ Yes | _____ No |
| Do you have any objection to working overtime if necessary? | _____ Yes | _____ No |
| Can you travel if required by this position? | _____ Yes | _____ No |
| Have you ever been previously employed by our organization? | _____ Yes | _____ No |

If so, list where and date when _____

Is anyone related to you employed by AG PLUS? _____ Yes _____ No

If so, give their name and relationship to you _____

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

Are you over the age of 18? _____ Yes _____ No

How were you referred to us? _____

What salary or rate of pay do you expect to receive if employed? _____ Per _____

Have you ever been fired or asked to resign from a job? _____ Yes _____ No

If yes, please explain _____

Describe any specialized training, apprenticeships, licenses or skills. _____

Have you received any job-related training in the United States Military? _____ Yes _____ No

Please give dates and explanation: _____

Employment History

All applicants must provide the following information on all employers during the preceding 3 years. ***Applicants to drive a commercial motor vehicle in interstate/intrastate commerce shall also provide an additional 7 years information (10 years total) on those employers who they drove for.

This information must be completed as fully as possible. Failure to do so constitutes an incomplete application

| | | | |
|--|-------|---|---------------|
| LAST EMPLOYER | | DATE FROM _____ | DATE TO _____ |
| IF THIS IS YOUR CURRENT EMPLOYER, MAY WE CONTACT THEM? | | YES | NO |
| EMPLOYER NAME | | PHONE NUMBER | |
| ADDRESS | | FAX NUMBER: | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | | |
| POSITION HELD | | SALARY | |
| Subject to FMCSR regulations? YES NO | | Job performed designated as a "safety sensitive function" subject to DOT Drug/Alcohol testing? YES NO | |
| REASON FOR LEAVING | | | |

| | | | |
|--------------------------------------|-------|---|---------------|
| NEXT TO LAST EMPLOYER | | DATE FROM _____ | DATE TO _____ |
| EMPLOYER NAME | | PHONE NUMBER | |
| ADDRESS | | FAX NUMBER: | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | | |
| POSITION HELD | | SALARY | |
| Subject to FMCSR regulations? YES NO | | Job performed designated as a "safety sensitive function" subject to DOT Drug/Alcohol testing? YES NO | |
| REASON FOR LEAVING | | | |

| | | | |
|--------------------------------------|-------|---|---------------|
| LAST EMPLOYER | | DATE FROM _____ | DATE TO _____ |
| EMPLOYER NAME | | PHONE NUMBER | |
| ADDRESS | | FAX NUMBER: | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | | |
| POSITION HELD | | SALARY | |
| Subject to FMCSR regulations? YES NO | | Job performed designated as a "safety sensitive function" subject to DOT Drug/Alcohol testing? YES NO | |
| REASON FOR LEAVING | | | |

| | | | |
|--------------------------------------|-------|---|---------------|
| LAST EMPLOYER | | DATE FROM _____ | DATE TO _____ |
| EMPLOYER NAME | | PHONE NUMBER | |
| ADDRESS | | FAX NUMBER: | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | | |
| POSITION HELD | | SALARY | |
| Subject to FMCSR regulations? YES NO | | Job performed designated as a "safety sensitive function" subject to DOT Drug/Alcohol testing? YES NO | |
| REASON FOR LEAVING | | | |

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I also understand that if I am a driver-applicant of AG PLUS, I authorize AG PLUS to make such investigations and inquiries of my personal, employment, financial or medical history and other job related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers consistent with HIPAA regulations and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or AG PLUS can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that no representative of AG PLUS except the General manager has the authority to enter into any agreement guaranteeing conditions of employment and that any such agreements shall be made in writing and signed by the General Manager of AG PLUS.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

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

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____

This application is considered current for a period of three (3) months. Consideration for employment after this time will require the applicant to complete a new application.