



Trinity Ag Cooperative, Inc.

Employment Application

Non-DOT Positions

Trinity Ag Cooperative, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, arrest record or any other characteristic protected by federal, state, and/or local laws. No question on this application is intended to secure information for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for thirty (30) days or until the position is filled.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Mobile Phone: _____ Email: _____

How do you prefer to be contacted regarding your employment application? ☐ Phone call ☐ Text ☐ Email

Please list any other address for the past three (3) years:

Address: _____
Street City State ZIP Code

Address: _____
Street City State ZIP Code

Address: _____
Street City State ZIP Code

Position Desired: _____

Date Available: _____ Hourly Rate/Salary Desired: _____

Are you presently employed? ☐ YES ☐ NO If yes, may we contact your employer? ☐ YES ☐ NO

If presently employed, why are you considering leaving? _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
☐ YES ☐ NO

If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.

Are you available to work: ☐ Days ☐ Nights ☐ Weekends
☐ Full-Time ☐ Part-Time
Please Explain: _____

How were you referred to the company? _____

Do you have any relatives who work for this company? ☐ YES ☐ NO

If yes, please list their name and work location: _____

Are you legally eligible to be employed in the United States? ☐ YES ☐ NO
Proof of eligibility will be required upon employment

Are you 18 years of age or older? ☐ YES ☐ NO If yes, are you 21 years of age or older? ☐ YES ☐ NO
Proof of age may be required

Have you ever worked for this company before? ☐ YES ☐ NO
If yes, where: _____ When: _____ Title: _____
Supervisor: _____ Reason for leaving: _____

Have you ever been convicted of a crime? ☐ YES ☐ NO
A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.
If yes, explain: _____

Education				
	Name and Location of School	Course of Study	Number of years Completed	Diploma or Degree Received
High School				
College or University				
Trade, Business, or other School				

Other education, training, or special skills: _____

Previous Employment	
Include your last ten (10) years of employment history, starting with the most recent and working backward in time. Please include military service as work experience. Attach a separate sheet if more space is needed.	
From: _____ To: _____ Company: _____	
Job Title: _____ Reason for leaving: _____	
Address: _____ Phone: _____	
Duties: _____ Leaving Salary: _____	
Supervisor: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you operate a Commercial Motor Vehicle for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Information: _____	

From: _____ To: _____ Company: _____	
Job Title: _____ Reason for leaving: _____	
Address: _____ Phone: _____	
Duties: _____ Leaving Salary: _____	
Supervisor: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you operate a Commercial Motor Vehicle for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Information: _____	

From: _____ To: _____ Company: _____	
Job Title: _____ Reason for leaving: _____	
Address: _____ Phone: _____	
Duties: _____ Leaving Salary: _____	
Supervisor: _____ May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you operate a Commercial Motor Vehicle for this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Information: _____	

References

☐ _____(initial) I voluntarily consent to allow the company and any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand these questions may be about my personal or educational background, work experience, character, or personality.

Please list below the names of three people who are not related to you, whom you have known for at least one year.

Name	Occupation & Company	Relationship & # of Years	Phone Number

Disclaimer and Signature

I certify that the foregoing statements are true and correct. I authorize Trinity Ag Cooperative, Inc. (Company) to investigate my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency, or government agency to give the Company any information they may have regarding me. I release the Company and all providers of information from any liability as a result of furnishing or receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations, and personnel policies. I understand that no personnel recruiter, interviewer, or other representative other than an officer of the Company has the authority to enter into any agreement for employment for any specified period and that any employment manuals or handbooks that may be distributed to me during my employment shall not be construed as a contract. I further understand that nothing contained in this application, or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Signature: _____

Date: _____

HR USE ONLY

Hire Date		Rate	
Title		Manager	
Department		Location	