



Application for Employment

Employment Interest

Current Date (m/d/yy)	Date Available (m/d/yy)	Position Desired	Minimum Salary Desired
What work schedule are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
From what specific source did you first learn of this position? _____			

Personal Data

Last Name	First Name	Middle Name	
Street Address		Home Phone	
City	State	Zip	Cell Phone

Pertinent Information

Are you 18 years of age or older? Yes No
If hired, you will be required to furnish proof that you are legally authorized to work in the United States.

Are you able to perform the essential duties of the job(s) for which you are applying, as described, with or without reasonable accommodation? Yes No

Have you ever been convicted of any crime as an adult (excluding traffic violations other than felonies)? A conviction includes a plea, verdict, or finding of guilt, regardless of whether sentence is imposed by the court. *A criminal conviction will not necessarily disqualify an applicant from employment.* Yes No

If yes, explain: _____

Do you have any relatives working for this organization? Yes No

If yes, please provide name, department for which the individual works, and your relationship to the individual. _____



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Employment History

A resume may be attached but will not be accepted in place of any information required on this form.

Dates (mm/yy) From: to	Name of Employer:
Starting Salary:	Address:
Ending Salary:	Name and Title of Immediate Supervisor:
Telephone Number:	Your Title:
Reason for leaving:	Duties:
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but only after I have given current employer my notice to terminate employment.	

Dates (mm/yy) From: to	Name of Employer:
Starting Salary:	Address:
Ending Salary:	Name and Title of Immediate Supervisor:
Telephone Number:	Your Title:
Reason for leaving:	Duties:
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Dates (mm/yy) From: to	Name of Employer:
Starting Salary:	Address:
Ending Salary:	Name and Title of Immediate Supervisor:
Telephone Number:	Your Title:
Reason for leaving:	Duties:
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Dates (mm/yy) From: to	Name of Employer:
Starting Salary:	Address:
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Telephone Number:	Your Title:
Reason for leaving:	Duties:
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	



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Starting Salary:	Address:
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Telephone Number:	Your Title:
Reason for leaving:	Duties:
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Education

Please complete for all that apply.

	School / Organization Name	Location (City/State)	Field of Study / Degree
<input type="checkbox"/> Some high school			
<input type="checkbox"/> High school graduate / G.E.D.			
<input type="checkbox"/> Some college			
<input type="checkbox"/> Associate degree			
<input type="checkbox"/> Bachelor's degree			
<input type="checkbox"/> Professional certification/Other			

References

Please provide at least three professional references.

Name	Company	Title	Phone / Email

Applicant Statement

I certify that the answers given in this application are true and correct and that I have not withheld any facts or circumstances. I understand that all answers given on my application for employment are subject to verification. I understand that if I'm employed by Cooperative Farmers Elevator, any false statement, misrepresentation, or omission of facts on this application of employment or on any supporting documents, regardless of when discovered to be false or omitted, may be sufficient reason for immediate dismissal.

I understand that the information provided in my application for employment will be verified, including academic background, employment history, and any criminal convictions which may be on my record. I give Cooperative Farmers Elevator consent to conduct a background and criminal record check. I also authorize my past employers and schools to give to Cooperative Farmers Elevator pertinent information about me. I also understand that all offers of employment are contingent upon verification of the information provided in my application of employment.

Signature: _____

Date: _____

Print Name: _____