



**APPLICATION FOR AT-WILL EMPLOYMENT**

FOR OFFICE USE ONLY	
Work _____	
Location _____	Rate _____
Position _____	Date _____

(An Equal Opportunity Employer)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, disability, or veteran status, or any other legally protected status. We will give this application every consideration. However, in accepting it, the Company makes no commitment of employment to the applicant. This application will remain active for 180 days.

***WE ARE AN AT-WILL EMPLOYER. THIS MEANS THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.***

**BASIC INFORMATION: Please print in black or blue ink.**

Position Applied For:		Date of Application:	
First Name	Middle Name	Last Name	
Address			
Telephone Number(s)		Social Security Number	

Salary requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_

How Did You Learn About Us? \_\_\_\_\_

Do You Have Any Relatives Working For Us? \_\_\_\_\_

Will you agree to a six (6) month orientation period?  Yes  No

Have you been convicted of a crime within the last 7 years?  Yes  No

**\* A conviction will not bar you from employment.**

If yes, please explain: \_\_\_\_\_

Are you a United States Citizen?  Yes  No

If no, are you lawfully authorized to work in the United States?  Yes  No

**EMPLOYMENT HISTORY:** Start with your present or most recent job. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1	Company	Address	Telephone		
Dates	From	To	Starting	Leaving	Supervisor
Employed			Salary		
Your Duties:					
Reason for Leaving:					
2	Company	Address	Telephone		
Dates	From	To	Starting	Leaving	Supervisor
Employed			Salary		
Your Duties:					
Reason for Leaving:					
3	Company	Address	Telephone		
Dates	From	To	Starting	Leaving	Supervisor
Employed			Salary		
Your Duties:					
Reason for Leaving:					

How many days have you been absent from work during the last twelve (12) months? \_\_\_\_\_

If presently employed, why do you desire to change your position? \_\_\_\_\_  
 \_\_\_\_\_

If you are now employed, may we contact your present employer?  Yes  No

**REFERENCES:** (not former employers or relatives)

Name	Address	Phone Number

**EDUCATION:**

School	Name and Address of School	Course of Study	Years Attended	Did You Graduate?	List Diploma or Degree
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a valid Driver's License?    Yes  No      CDL License?    Yes  No

If yes Drivers License Number \_\_\_\_\_ Date of Expiration \_\_\_\_\_

## ACKNOWLEDGEMENT

*Please Read Before Signing:*

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize you to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, age, religion, disability, and/or national origin.

***I UNDERSTAND THAT, IF THE COMPANY EMPLOYS ME, EITHER THE COOPERATIVE OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON. I also understand that no official of the Cooperative other than the Cooperative's Manager has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.***

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Signature of Applicant

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Date

*NOTE: Applications will be kept on file for 6 months unless you call in to check on status of application during the 6 month period.*

**\*WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***