



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) and Location Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other

Last Name	First Name	Middle Name		
Physical Address	City	State	Zip Code	
Mailing Address	City	State	Zip Code	
Home Telephone	Cell Phone Number	Email	Social Security Number	

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, please give date _____

Have you ever been employed with us before? Yes No
If Yes, please give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer for references? Yes No

Are you legally qualified to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Drivers license number (if driving is an essential job function). _____ State _____

Are you available to work:

Full-Time (please indicate 1 2 3 shift) _____

Part-Time (please indicate Mornings, Afternoon or Evenings) _____

Temporary (please indicate dates available) _____ to _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Farmers Cooperative Association - Brule, Nebraska

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Rate of Pay		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving	per	per	
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Rate of Pay		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving	per	per	
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Rate of Pay		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving	per	per	
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Rate of Pay		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving	per	per	

If you need additional space, please continue on a separate sheet of paper.

List Professional, trade, business or civic activities and office held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal <input type="checkbox"/> PC/MAC <input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand WPM _____	Production/Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
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State any other information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activites involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

- YES
 NO

REFERENCES

1	Name: _____	Telephone #s: _____	_____
	Address: _____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

APPLICANT'S STATEMENT

NAME:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an 'at will' nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

POSITION:

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? YES NO

Remarks:

Interviewer: _____ Date: _____

Employed? YES NO Date: _____

Job Title _____

Hourly Rate - Salary _____ per _____

Department _____

By: _____
Name and Title

Date: _____

Position(s) Applied Open? YES NO

Position(s) Considered For:

Date: _____

DATE: