



Employment Application

Co-Alliance LLP is an equal opportunity employer.

5250 E US Hwy 36
 Building 1000
 Avon, IN 46123
 toll-free (800) 525-0272
 phone (317) 745-4491
 fax (317) 718-6631

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION. IF COMPLETING ELECTRONICALLY, PRINT AND SIGN BEFORE SUBMITTING. ANSWER EVERY QUESTION.

APPLICANT CONTACT DATA

TODAY'S DATE

LAST NAME FIRST MIDDLE

STREET ADDRESS

CITY STATE COUNTY ZIP

TELEPHONE CELL PHONE E-MAIL ADDRESS

POSITION SPECIFICS

DATE YOU ARE AVAILABLE TO START WORKING

LOCATION PREFERENCE?

POSITION DESIRED:

SALARY EXPECTATIONS:

Temporary Part Time Full Time

HOW DID YOU LEARN OF THIS POSITION?

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATIONS? YES NO

APPLICANT EXPERIENCE

HAVE YOU EVER FILLED OUT AN APPLICATION OR BEEN EMPLOYED BY CO-ALLIANCE OR OUR PARTNERSHIP CO-OPS BEFORE? YES NO

NOTE: MIDLAND, IMPACT, LAPORTE, FRONTIER AND EXCEL CO-OPS ARE OUR PARTNER CO-OPS.

LIST ANY FRIENDS OR RELATIVES CURRENTLY WORKING IN OUR CO-OP SYSTEM AND RELATIONSHIP:

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

PROOF OF IDENTITY & ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT.

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A FELONY? YES NO

HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A MISDEMEANOR INVOLVING PERSONAL INJURY TO ANOTHER PERSON OR INVOLVING THEFT? YES NO

IF YES, PLEASE DESCRIBE IN FULL:

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

DO YOU HAVE A CURRENT CDL LICENSE? YES NO

NOTE: A CONVICTION WILL NOT NECESSARILY RESULT IN THE DENIAL OF EMPLOYMENT.

EMPLOYMENT RECORD

PLEASE LIST PRESENT OR LAST EMPLOYER FIRST, INCLUDING US MILITARY SERVICE FOR AT LEAST THE LAST 10 YEARS

START: MONTH YEAR <input type="text"/> <input type="text"/>	UNTIL: MONTH YEAR <input type="text"/> <input type="text"/>	COMPANY NAME <input type="text"/>	SPECIFIC DUTIES <input type="text"/>	REASON FOR LEAVING <input type="text"/>
SUPERVISOR'S NAME <input type="text"/>		ADDRESS <input type="text"/>	SALARY <input type="text"/>	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE <input type="text"/>		KIND OF BUSINESS <input type="text"/>		

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SUPERVISOR'S NAME <input type="text"/>		ADDRESS <input type="text"/>	SALARY <input type="text"/>	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHONE <input type="text"/>		KIND OF BUSINESS <input type="text"/>		

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

OVER

NAME OF APPLICANT:

EMPLOYMENT DETAILS

OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY QUALIFY YOU TO WORK AT CO-ALLIANCE?

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN BY AN EMPLOYER? IF YES, PLEASE EXPLAIN:

 YES NO

EDUCATIONAL HISTORY

HIGHEST GRADE COMPLETED: 9 10 11 12

College/University 1 2 3 4 More

Diploma or Equivalent

Other?

SCHOOLS ATTENDED (H.S./ TRADE/
VOCATIONAL/BUSINESS/COLLEGE)

AREAS OF STUDY/DEGREES/CERTIFICATIONS/
PROFESSIONAL LICENSES/REGISTRATIONS:

ARE YOU PURSUING EDUCATION AT THIS TIME?

 YES NO

Please indicate you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

Initials

I have read the foregoing employment application and understand that failure to provide true and correct information may lead to non-hire or termination, and I affirm that the information provided in this application is true to the best of my knowledge and belief.

That I am the person described and duly qualified to work except as otherwise stated; and that if employed by the above-named organization, I agree that such employment is made with the full right of the employer to terminate such employment at any time and for any reason, with or without notice.

I understand and agree that prior to employment, and from time to time during my employment, I may be required to take and pass a drug or alcohol screen as a condition of hiring or continued employment.

Upon an offer of employment or as a condition of actually beginning employment, I hereby agree to submit myself, on request, to a thorough examination by a physician of said organization's selection. I further understand and agree that the results of such examination may serve to disqualify me for a particular job or for any position with the company. I also give my consent to the performance of such later re-examinations upon myself as may be deemed necessary by the physician during the period of my employment. I will, in no way, hold the doctor or doctors who perform the examination, the clinic where the examination was performed, or said company responsible in any way.

I authorize investigation of all statements contained in this application as may be necessary in arriving at employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or driver's record check. If Co-Alliance LLP decides to obtain a consumer credit report, I understand that Co-Alliance LLP will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

I hereby release all parties, including but not limited to Co-Alliance LLP, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action Co-Alliance LLP takes on the basis of such information.

I understand that this application will be considered active for a period of six months only, and that I will not be considered for employment after six months from the date of this application unless I complete a new application at that time.

Applicant Signature _____ Date _____

Name Printed _____

Incomplete applications may not be processed. Please print both pages and sign/date before submitting.

OFFICE
USE ONLY:

