

FLAGLER COOPERATIVE ASSOCIATION
P.O. BOX 398
FLAGLER, CO 80815
719-765-4416 FAX 719-765-4713 www.flaglercoop.com

APPLICATION FOR EMPLOYMENT

Flagler Cooperative Association 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 or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ - _____ - _____ Driver's License # _____

Applicant Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone Number: () _____ - _____ Are you 18 years or older? ____ Yes ____ No

Are you authorized to work in the U.S.? ____ Yes ____ No Referred by: _____

State the name of any relatives, other than spouse, already employed by this company: _____

POSITION DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Have you previously worked for this company? ____ Yes ____ No If so, from _____ to _____

Reason for leaving: _____ Former supervisor(s) at this company: _____

How did you learn of this opening: _____

EDUCATION

Name and Location of School:	Last Year Completed	Did you Graduate?	Subjects Studies & Degree(s)
High School	1 2 3 4	Yes ___ No ___	
College	1 2 3 4	Yes ___ No ___	
Trade, Business or Correspondence School	1 2 3 4	Yes ___ No ___	

Other education or training: _____

Other special skills: _____

Activities (Civic, athletic, etc.) in which you participate: _____

(Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin or disabilities of its members.)

Have you ever been convicted of a crime?* _____Yes _____No

If yes, give details, including date(s): _____

*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 applicable law.

Do you have any physical impairments, limitations, or medical conditions that would impair your ability to do the job you are applying for? _____Yes _____No

If "yes", please give details: _____

WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____ May we contact: _____ Yes _____ No

Starting Salary: _____ Final Salary: _____

Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____ May we contact: _____ Yes _____ No

Starting Salary: _____ Final Salary: _____

Employer: _____ Address: _____

From _____ To _____ Position Held: _____

Reason for Leaving: _____ Duties: _____

Manager's Name & Title: _____

May we contact: _____ Yes _____ No

Starting Salary: _____ Final Salary: _____

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

<u>Name</u>	<u>Address</u>	<u>How Acquainted & # of Years</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the foregoing statements are true and correct. I authorize Flagler Cooperative Association to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give Flagler Cooperative Association any information they may have regarding me, and I understand that any misrepresentation, or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Flagler Cooperative Association and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Flagler Cooperative Association's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of Flagler Cooperative Association has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of 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 FLAGLER COOPERATIVE ASSOCIATION HAS THE SAME RIGHT.

Date: _____ Signature: _____