



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Best time to contact you:			
Are you 18 or over? ____ Yes ____ No			
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No			
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other			Date Available to Work:
Title of Position Applying For			Desired salary range:
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal (Please indicate dates available: _____)			
Have you ever filed an application with us before? ____ Yes ____ No If Yes, give date:			
Have you been employed by the Farmers Coop Association? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any friends or relatives currently working for the Farmers Coop Assoc.? ____ Yes ____ No If Yes, list names, relationships and locations:			
Are you currently employed? ____ Yes ____ No If yes, may we contact your present employer? Yes No			
Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No			
Can you travel if a job requires it? ____ Yes ____ No			

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		
May we contact?		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
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Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		
May we contact?		

May we contact?	
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Explain any gaps in employment.

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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

List professional, trade, business or civic activities and offices 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 (Computer & Software Skills, Equipment Operated, Other)

State any additional 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.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

References Please list names of supervisors, managers, or others who can comment directly on your abilities:			
Name	Phone #	Best time to call	Relationship/Occupation

The Farmers Cooperative Association is an Equal Opportunity Employer. It is the policy of the Farmers Cooperative Association not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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 any 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.

Signature of Applicant

Date