

Employment Application

Name	_____	Date	_____
	Last First Middle		
Address	_____		
	Number Street City State Zip code		
Telephone	_____	E-mail Address	_____
	Area Code		

Thank you for applying for employment with our organization. A clear understanding of your background, as well as your interests, ambitions and abilities, will aid us in evaluating your qualifications. Please answer the following questions.

Position applying for _____

Type of employment desired (circle one): Full-Time Part-Time Temporary Seasonal

If your application is considered favorably, on what date will you be available to work? _____

Referral source (circle one): Advertisement Employee Relative Employment Agency Walk-in

Are you employed now? _____ If yes, may we contact your present employer? _____

Have you filed an application here before? _____ If yes, give dates _____

Have you ever been employed here before? _____ If yes, give dates _____

Are you 18 years of age or older? yes no

Are you legally eligible for employment in this country? yes no
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Please answer those questions checked below. The check-mark indicates that the information requested is a bona-fide occupational requirement; a safety or security requirement; or otherwise legally permissible. If the box is not checked, you need not answer that question.

<input type="checkbox"/> BONDING	Have you ever been bonded? _____ When? _____ For what position? _____
<input checked="" type="checkbox"/> DRIVER'S LICENSE	Do you currently hold a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no State _____ Expiration date _____ Restrictions _____ CDL Endorsements _____
<input type="checkbox"/> MILITARY SERVICE	Branch served _____ Active duty from _____ to _____ Discharge date _____ Discharge rank/grade _____ Nature of military duties _____
<input type="checkbox"/> OTHER	_____ _____ _____ _____

Previous Employment

Start with your present or most recent employer. Please include both paid and volunteer positions.

Employer	Telephone ()	Dates Employed <i>From</i> <i>To</i>		What did you like best about this job?
Address				
Job Title		Hourly Rate/Salary <i>Starting</i> <i>Final</i>		What did you like least about this job?
Supervisor				
Starting duties _____				
Leaving duties _____				
Reason for leaving _____				

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Supervisor				
Starting duties _____				
Leaving duties _____				
Reason for leaving _____				

Please list additional employers here.

Employer	Dates Employed	to	Address	Telephone
Employer	Dates Employed	to	Address	Telephone
Employer	Dates Employed	to	Address	Telephone

Educational Record

School	Number of Years Attended	Name of School	City/State	Major course or subject	Did you graduate? Degree?
Grammar School					
High School(s)					
College(s)					
Night School					
Business College					
Other					

List professional, trade, business or civic activities and offices held. Do not include those activities that would tell us your race, sex, religion, national origin or protected status.

ORGANIZATION

OFFICES HELD

_____	_____
_____	_____
_____	_____

List special accomplishments, publications, awards. _____

List any additional information you would like us to consider. _____

Special Skills and Qualifications

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

References (Please list references. Do not include employers or relatives.)

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

Name _____ Occupation _____

Address _____ Phone _____

Certification and Agreement

READ CAREFULLY BEFORE SIGNING

I certify that all information contained in this application is true and correct. I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree that any claim or lawsuit relating to my service with Cooperative Elevator Co. or any affiliated company must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I hereby expressly waive any statute of limitations to the contrary.

The employer is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant

Date

This "Employment Application" is prepared for general use throughout the United States. The material is designed to comply with all federal and state employment laws. However, employment laws and their interpretations change frequently and Cooperative Elevator Co. does not assume any responsibility for the inclusion in this "Employment Application" of any questions that may violate local, state or federal laws. Users should consult their counsel about any legal questions they may have with respect to the use of this form.