

## **Farmers Cooperative Elevator Association**

P.O. Box 1087 414 Evening Tower Road Levelland, Texas 79336 Office (806) 894-8505 Fax (806) 894-5827

help@fcelevelland.com

Applicant Information								
Full Name:		First			M.I.	Date:		
Address:								
	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:			Email					
Date Available: Social Security No.: Desired Salary:								
Position App	olied for:							
Are you a citizen of the United States?  YES NO  If no, are you authorized to work in the U.S.?								
YES NO Have you ever worked for this company? □ □ If yes, when?								
Have you ev	ver been convicted of a fe	YES NO lony?						
If yes, expla	in:							
		Educ	cation					
High School	l:	Address	:					
From:	To:	Did you graduate′	YES ? 🔲	NO	Diploma:			
College:		Address	:					
From:	To:	_ Did you graduate′	YES ? 🔲	NO	Degree:			
Other:		Address	::					
From:	To:	Did you graduate?	YES	NO	Degree:			

## References Please list three professional references. Full Name: Relationship: Phone: Company: Address: Relationship: Full Name: Phone:\_\_\_\_ Company: Address: Full Name: Relationship: Company: Phone: Address: Previous Employment Phone: Company: Supervisor: Address: Starting Salary:\$ Ending Salary:\$ Job Title: Responsibilities: \_\_\_\_\_ To: Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference? Phone: Company: Supervisor: Address: Starting Salary: Ending Salary:\$\_\_\_\_\_ Job Title: Responsibilities: То: From: Reason for Leaving: YES NO May we contact your previous supervisor for a reference?

Company:				Phone:					
Address:				Supervisor:					
Job Title:	Starting S	Ending Salary:							
Responsibili	ties.								
rzesporisibili									
From:	To:	Reason	for Leaving:_						
		YES							
May we con	tact your previous supervisor for a reference?		NO						
Disclaimer and Signature									
I certify that	t my answers are true and complete to the be	st of my k	nowledge.						
	cation leads to employment, I understand that ay result in my release.	false or n	nisleading in	formation in my application or					
Signature:				Date:					