

## **EMPLOYMENT APPLICATION**

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on the needs of the job, you may be required to complete a medical history form and you may be required to be examined by a medical professional designated by the company.

nded for use in evaluation	nis application form is ng your qualifications for	TODAY'S DATE:				
	an employment contract. ents during the interview	<b>NAME</b> :LAST		FIRST	,	M.I.
on this form are grou	unds for terminating the if discovered after					
oloyment, terminating en	mployment. All qualified consideration without	SOCIAL SECURITY NU				
crimination because of s	sex, marital status, race, ational origin, sexual	HOME PHONE: CELL PHONE:				<del></del>
ntations, military reserve	e membership, ancestry, nysical handicap, or the	CURRENT ADDRESS:				
sence of disabilities. A f	felony conviction will not cant from employment.		STREET			
litional testing of job-re	elated skills and for the	CITY		STATE	ZIP	
sence of drugs in your body may be required r to employment. After an offer of employment, prior to reporting to work, you may be required		DDIOD ADDDESS:				
submit to a medical rev	view. Depending on the pe required to complete a	PRIOR ADDRESS:	STREET			
dical history form and yo	ou may be required to be ofessional designated by					
company.	oressional designated by	CITY		STATE	ZIP	
Position(s) Applyir	ng For:		Da	te Available	to start:	
Preferred Location	n Applying For:					
Schedule Preferer	nce:Full-time Pa	art-timeSeason/Temp				
For which schedul	les are vou available	? Weekdays Wee	ekends Evenir	as		
	·	•		_	D 11 O11 (	,
How did you near	about us?Newsp	aperWebsiteSoci	al MediaFriei	nd/Relative _	RadioOther(_	)
JOB-RELATE	D SKILLS	NOTE: Do not fill out any p	eart of this section vol	ı believe to be r	non-iob related.	
Yes No		do you have the approp	-		•	
res NO	•					
Yes No	Have you had any n	noving violations? Please of	lescribe			
Yes No	Can you perform the essential functions of this job with or without reasonable accommodation?					
OF OUR ITY						
SECURITY List counties & sta	ates of residence for	the past seven years				
Voc. No.	Have you used any	names or Social Security	lumbara other ther	aivon abovo	2 Evalain in commo	nto holow
Yes No Yes No	Have you used any names or Social Security Numbers other than given above? Explain in comments below.  Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.					
103110	(Conviction will not	necessarily be a bar to em factors such as age at ti	ployment. In accor	dance with co	mpany policy and a	pplicable state
	conviction, nature of	f the job sought and rehabi	litation effort will be	e reviewed.)		
INCIDENT	CITY/S	TATE	CHARGE			
Comments:						

## **DRIVER EXPERIENCE & QUALIFICATIONS**

\*\*Complete this section only if applying for a driving position, or if you currently hold a commercial drivers license.

icense No.	State	Class	Endorsements	Restrictions	Expiration Date		
. Have you ever been den	ied a license, permit, o	r privilege to ope	erate a motor vehicle	?(y	es/no)		
. Has any license, permit,	or privilege even been	suspended or re	evoked?	(yes/no)			
C. Have you ever been disc	qualified for violations o	f the Federal Mo	otor Carrier Safety Re	egulations?	(yes/no)		
Oriving Experience							
class of Equipment		Type (Van, Tank, Flat, etc.)			Dates		
Straight Truck							
ractor & Semi-Trailer							
Other							
ist any other training or exp	perience			•			
	Deficition				<del></del>		
ccident Review	Notice of	Nation of Assistant			Estalitica/Injurios		
ates	Nature o	Nature of Accident			Fatalities/Injuries		
ist Traffic Convictions	for the nast three v	ears other th	an narking violatio	ons			
ates	Location	cars other the	Charge		Penalty		
			1				
EDUCATION 1	NOTE: do not fill out any p	art of this section	vou believe to be non -i	ob related.			
	NAME	·	CITY/STATE	GRADUATE	DEGREE		
IGH SCHOOL							
OLLEGE							
THER							

## **EMPLOYMENT HISTORY –** Please provide a minimum of 5-year employment history.

MOST RECENT EMPLOYER Yes	No Are you currently	y working for this emplo	yer?
	N 16		
Yes _	No, If yes, may we c	ontact?	Dhana
COMPANY NAME	CITY	STATE	Phone:
FROM TO			
DATES EMPLOYED	JOB TITLE		SUPERVISOR NAME
			<u>-</u> -
DUTIES			
Per			
SALARY (HOUR. WEEK. MONTH)	REASON FOR LEAVING		
SECOND MOST RECENT EMPLOYER			
			Phone:
COMPANY NAME	CITY	STATE	Filotie.
FROMTO			
DATES EMPLOYED	JOB TITLE		SUPERVISOR NAME
DUTIES			
PerPer			
SALARY (HOUR. WEEK. MONTH)	REASON FOR LEAVING		•
THIRD MOST RECENT EMPLOYER			
			Phone:
COMPANY NAME	CITY	STATE	
FROM TO			
DATES EMPLOYED	JOB TITLE		SUPERVISOR NAME
DUTIES Per			
	REASON FOR LEAVING		
` ,			
REFERENCES Include only indi	viduals familiar with your	work ability. Do not incl	ude relatives.
NAME		ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1			
2.			
3			
		6411	
			nat the answers given by me to the foregoing questions and elief. I understand that any false information, omissions o
misrepresentations of facts called for in this	application, whether on	this document or not, n	nay result in rejections of my application or discharge at any
time during my employment. I authorize the	e company and / or its	agents, including cons	numer reporting bureaus, to verify any of this information. The sto release any information concerning my background and
hereby release any said persons, schools,	companies and law enf	forcement authorities from	om any liability for any damage whatsoever for issuing this
information. I also understand that the use	of illegal drugs is prohib	oited during employmen	t. If company policy requires, I am willing to submit to drug
testing to detect the use of illegal drugs prior accepted, such employment is "at will" and of			erstand that should an offer of employment be extended and ct.
, , , , , , , , , , , , , , , , , , , ,	,	, , ,	
SIGNATURE:			DATE:

## FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

Battle Creek Farmer's Cooperative N/S (hereafter Farmers Pride) may procure a consumer report or

investigative consumer report as defined in 15 USC 1681a of the Fair Credit Reporting Act (FCRA) for the purpose of evaluating the undersigns' application for employment. Pursuant to the federal Fair Credit

Reporting Act, I hereby authorize Farmers Pride and its designated agents and representatives to conduct a

for employment, promotis scope of the consumer rareas: verification of Social personnel files; educations and registration l,	ion, reassignment report/investigated security nureation; reference an any or all federation; and any other company, firm, amployer, school sta(e), and other with any and a sent. I am author	ent or retention as an emploitive consumer report may in mber; current and previous es; credit history and reports eral, state or county jurisdic republic records. , authorize the complete, corporation or public agency, police department, financial information in their possestizing that a photocopy of this	oyee or job applianclude, but is no residences; emplic; criminal history tions; motor vehiclease of these cy may have. It all institution, con knowledge of massion regarding	cant. I und t limited to ployment h y, including cicle record e records c nereby auth nsumer rep ne to furnish me in cont	lerstand that, the follow history, including records from the following the following the following age of the following age to be following the following t	at the ing uding om any g traffic raining request ency as Pride n my
I understand that, pursua	ant to the feder	ral Fair Credit Reporting Act e report and a summary of t	•			
	Last	First		Middle (NOT in	nitial – if none, i	mark "N/A"
Applicant Name:						
Other Names Used: (e.g. Maiden Name)	Last	First	Middle (NOT initial – if none, mark			nark "N/A"
Address	Street City, State, Zip					
Prior Address	Street City, State, Zip					
Email Address			Telephone			
Cell Phone						
Social Security	Number	lumber		Number		
The undersigned's application for employment cannot be processed by Farmers Pride until this disclosure and authorization is completed and signed.			Driver's License	State	Exp. Date	/
Signature:	Date:					