



RISING STAR PROGRAM APPLICATION FORM

Applicants are considered for the position specified below, and learners are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and learners, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the training program.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, as required by Sec. 391.23 of Department of Transportation Regulations.

Date of Application: _____

Full Name: _____
(Last) (First) (Full Middle)

Address: _____
(Street) (City, State, Zip)

Current Phone Number: _____

Social Security Number: _____

Are you over the age of 18? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

Current Employer (if applicable): _____

May we contact your current employer (if applicable)? _____ Yes _____ No

Are you able to perform the essential functions of the training program for which you are applying without a reasonable accommodation? _____ Yes _____ No

Can you lawfully work in this country? _____ Yes _____ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the Bureau of Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

Do you have a valid state driver's License? _____ Yes _____ No

Do you have your: _____ CLP _____ Class A CDL _____ Class B CDL

On what date would you be available to begin the program? _____

Current High School Name: _____

If planning to attend, which college/university are you planning on? _____

What major would you be studying? _____

Please summarize your background in agriculture and why you are interested in this training program:

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge if I am hired. Similarly, any false or misleading information provided in post-offer questionnaires or medical examinations will result in discharge regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I qualify for the position being considered. In addition, I understand a drug or alcohol test is required. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability that might result from making such investigation. Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

Signature of Applicant

Date