

American Plains Co-op Employment Application

American Plain Co-op ("The Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, arrest record or any other characteristic protected by federal, state and/or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for a period of thirty (30) days or until the position is filled.

If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources representative.

Applicant Information								
Full Name:		Date:						
	Last First	M.I.						
Address:								
Address.	Street Address		Apartment/Unit #					
	City	State	ZIP Code					
Mobile Phone:	Email:							
	refer to be contacted regarding your employment application?		☐ Text ☐ Email					
Position Desire	ed:							
Date Available	: Hourly Rate/Salary Desired:							
Are you preser	ntly employed?	your employer?	☐ YES ☐ NO					
If presently em	ployed, why are you considering leaving?		_					
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question. YES NO								
Are you availa	ble to work: Days Nights Weekends Full Time Part Time Please explain:							
How were you referred to the company?								
Do you have any relatives who work for this company? ☐ YES ☐ NO								
If yes, please list their name and work location:								
Are you legally eligible to be employed in the United States? ☐ YES ☐ NO Proof of eligibility will be required upon employment								
Are you 18 year Proof of age may	ars old or older?							
Have you ever worked for this company before? YES □ NO								
If yes, where?	When? Title:	-						
Supervisor:	Reason for leaving:	-						

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	Name and Lo of School		Course of S		Number of years completed	Diploma or Degre Received
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eferences by uestions may	nitial) I voluntarily consections on the contacting any person by be about my person and the contact of the con	or entity whom t al or educational l	they deem to be background, wo	e an appropri ork experienc	ate reference. I u e, character or po	inderstand that the
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From:	To: Company:			
Job Title:		Reason for leaving:		
Address:		Phone:		
Duties:		Leaving Salary:		
Supervisor:		May we contact?		□NO
From:	To; Company:			
Job Title:		Reason for leaving:		
Address:		Phone:		
Duties:		Leaving Salary:		
Supervisor:		May we contact?	☐ YES	□NO
	Digalaiway	and Signature		
understand that r authority to enter or handbooks tha further understan employment or p	at, if employed, I will conform my conduct to the personnel recruiter, interviewer or other reprints any agreement for employment for any set may be distributed to me during the course and that nothing contained in this application or roviding any benefit, and THAT I HAVE THE FORMPANY HAS THE SAME RIGHT.	presentative other than a pecified period of time a of my employment shall the granting of an interv	n officer of the nd that any e not be constr iew creates a	e Company has mployment manuals ued as a contract. I contract for either
Signature:		Date:		_
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