

**PLEASE NOTE: Your application will not be considered unless every question is answered.**

## PREVIOUS EMPLOYERS

### MOST RECENT EMPLOYER

Are you currently working for this employer? ☐ Yes ☐ No If yes, may we contact? ☐ Yes ☐ No

COMPANY NAME _____ PHONE _____ FAX _____	CITY _____	STATE _____
DATE EMPLOYED FROM _____ TO _____	SUPERVISOR NAME _____	SALARY (HOUR, WEEK, MONTH) _____
JOB TITLE _____	DUTIES _____	REASON FOR LEAVING _____

### SECOND MOST RECENT EMPLOYER

COMPANY NAME _____ PHONE _____ FAX _____	CITY _____	STATE _____
DATE EMPLOYED FROM _____ TO _____	SUPERVISOR NAME _____	SALARY (HOUR, WEEK, MONTH) _____
JOB TITLE _____	DUTIES _____	REASON FOR LEAVING _____

### THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ PHONE _____ FAX _____	CITY _____	STATE _____
DATE EMPLOYED FROM _____ TO _____	SUPERVISOR NAME _____	SALARY (HOUR, WEEK, MONTH) _____
JOB TITLE _____	DUTIES _____	REASON FOR LEAVING _____

### REFERENCES

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.

Name	Address/Phone Number	Years Known/Relationship
1. _____	_____	_____
2. _____	_____	_____

### EDUCATION

Name	City/State	Graduate?	Degree?
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____

### CERTIFICATION AND RELEASE

I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree that any claim or lawsuit relating to my service with Tennessee Farmers Cooperative or any of its subsidiaries 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 waive any statute of limitations to the contrary.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_