



CO-OP EMPLOYMENT APPLICATION

PRINT CLEARLY; INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.

CURRENT ADDRESS: Street City State Zip APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. 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, mantal status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or 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 reproduce the submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. AVAILABILITY: For which position are you applying? What category would you prefer? Full-time Part-time/Temporary For which schedules are you available? Weekdays Weekends Evenings Nights Overtime JOB-RELATED SKILLS: IF THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVER'S LICENSE? YES No Name on license, D.L.H., Type and State of issue Have you had any moving violations within the past 7 years? Yes No Please describe: Have you used any names other than given above? Yes No If so, please describe below. (Conviction will not necessarily be a bit to employment.) In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time shorted.			TODAY'S DATE:	
E-MAIL ADDRESS:	NAME:			
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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 STATE COMPANY NAME PHONE FAX DATE EMPLOYED FROM SUPERVISOR NAME SALARY (HOUR, WEEK, MONTH) TO REASON FOR LEAVING JOB TITLE DUTIES SECOND MOST RECENT EMPLOYER COMPANY NAME CITY STATE FAX PHONE DATE EMPLOYED FROM SALARY (HOUR, WEEK, MONTH) SUPERVISOR NAME To JOB TITLE REASON FOR LEAVING DUTIES THIRD MOST RECENT EMPLOYER STATE COMPANY NAME CITY **PHONE** FAX DATE EMPLOYED FROM SALARY (HOUR, WEEK, MONTH) SUPERVISOR NAME To 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. **EDUCATION** Name City/State Graduate? Degree? High School Yes No Type: College Yes No Type: Other Yes 7 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____

APPLICATION REVISED - OCT 2018