



# Farmers Coop Association Vision Ag LLC

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Category Preferred (Circle One): **FT / PT / Temp.** Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you legally eligible to work in the United States? YES  NO  The Immigration Reform and Control Act of 1986 requires that all applicants provide evidence of identity and eligibility to work prior to employment.

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Job Related Skills

If the job requires, do you have the appropriate driver's license? YES  NO  DL #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*In order to comply with various legal requirements, it is necessary for the following statements to appear on this application. Please read these statements carefully before affixing your signature.*

*I declare and affirm under penalty of perjury that I am eligible to be employed in the United States.*

*If employed by Farmers Coop Association/Vision Ag LLC, I understand and agree that the employment relationship will not be for any specific time period and may be terminated at the will of either myself or the Company.*

*I understand that as a condition of employment, I may be required to submit to a pre-employment drug/alcohol test per Part 382 of the Omnibus Transportation Employee Testing Act of 1991. This Act requires employers to test all CDL licensed drivers for the illegal use of alcohol and controlled substances.*

*I authorize Farmers Coop Association/Vision Ag LLC to investigate all statements in this application and to contact all employers and references. I understand that false or misleading statements in this application will be sufficient cause for termination of consideration or for dismissal if already employed.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_