



# Application for Employment

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

Last Name		First	Middle	Date
Present Address (street, city, state, zip)				Social Security No.
Permanent Address (if different)				Home Phone
Are you 18 years or older?		Are you legally eligible for employment in the U.S.?		Alternate Phone
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IN CASE OF EMERGENCY, NOTIFY _____				
(NAME)		(RELATIONSHIP)		(PHONE NO.)

## EMPLOYMENT DESIRED

Position Desired		Expected Pay	When can you begin work?
Have you been employed or applied with us before?		Are you employed now?	If so, may we contact your present employer?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list month/year _____			
What are you applying for?		Are you a student?	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a student, or applying for part-time, please complete supplemental schedule.			

## EDUCATION

	Name/Location of School	Course of Study	No. Yrs. Completed	Degree
College				
College				
High School				
Other				

## EMPLOYMENT HISTORY

Please provide complete information for full-time and part-time employment. **Begin with most recent employer. Previous employers may be contacted unless you indicate otherwise.**

Name of <u>FIRST</u> most recent company		When Employed (Month and Year)	
		TO	
Address		Telephone ( )	
Supervisor's Name		Weekly Pay Starting Last	
Job Title/Describe Work	Reason for Leaving		

Name of <u>SECOND</u> most recent company		When Employed (Month and Year)	
		TO	
Address		Telephone ( )	
Supervisor's Name		Weekly Pay Starting Last	
Job Title/Describe Work	Reason for Leaving		

Name of <u>THIRD</u> most recent company		When Employed (Month and Year)	
		TO	
Address		Telephone (     )	
Supervisor's Name		Weekly Pay	
		Starting	Last
Job Title/Describe Work		Reason for Leaving	

**PERSONAL REFERENCES**    List 3 references not related to you.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED?

Have you ever been convicted of, or pleaded guilty or ‘No Contest’ to a felony or misdemeanor?   ☐ Yes   ☐ No  
If yes, please explain. All circumstances will be considered.

**Please read the following carefully before signing this application.**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Producers Cooperative Association.

NOTICE: I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information obtained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives from seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand and agree that any misrepresentation or material omission made by me on this application and all other employment forms, will be sufficient cause for cancellation or immediate termination if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the EMPLOYER can terminate the relationship at will, or without cause, at any time, as long as there is no violation of applicable federal or state law. I understand that no supervisor or representative of this company, other than the General Manager of this company, has the authority to make any representation for employment for any specified period of time, or to make any representations contrary to the foregoing. The policies, procedures and statements contained on this application do not imply, create, or constitute an employment contract.

I understand that it is a policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that this is a drug-free workplace, and I may be asked to submit, and pass, a drug test prior to and/or during employment. I understand my employment may be subject to a job-related medical screening examination. I will abide by the safety rules of this company. If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

I understand that if I am offered employment, I will be asked to provide authorization for background checks, and will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to provide such authorization, or to submit such proof within the required time shall result in cancellation of my offer or immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant

Date

**VERIFICATION INFORMATION**

**NOTE:** This information is required for background information only. It will not otherwise be used in making any hiring decision.

Date of Birth

Social Security #

Driver License Number

State License was Issued

FOR OFFICE USE ONLY				
Interviewed By	Interview Date	Employment Date (if hired)	Start Date (if hired)	Pay Rate (if hired)

Supervisor

Date