

EMPLOYMENT APPLICATION

APPLICANT INFORMATION:

Today's Date: _____ Position Applied For: _____

Name: _____
Last First Middle

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Current Address: _____

E-mail Address: _____

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.
4. Do not fill out any other attached forms unless and until instructed.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. 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. This application applies only to the position specified. It is considered inactive after 365 days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

EEO STATEMENT:

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.

AVAILABILITY

Are you legally authorized to work in the United States? Yes No

Are you under the age of 18, and can you provide proof of eligibility to work? Yes No

On what date can you start _____

What job category would you prefer? Full-time Part-time Temporary On Call/Casual

For what schedules would you be available? Weekdays Weekends
 Days Evenings Overtime All Shifts Other _____

Which Federated Co-ops Location(s) are you applying for: _____

EDUCATION

Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	DEGREE EARNED
High School		
College		
Other		

JOB-RELATED SKILLS

- Yes No Have you received a job description or had the requirements of the job explained to you?
- Yes No Do you understand these requirements?
- Yes No Can you perform the requirements of this job with or without reasonable accommodation?

If the job requires you to drive, do you have the appropriate valid driver's license? Yes No

DL# _____ Type _____ State of Issue _____

DRIVING POSITIONS: If applying for a position that requires you to drive a company vehicle or your own personal vehicle for company use, moving violations could preclude you from employment.

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or our organization. _____

REFERENCES

Include only individuals familiar with your work capabilities –

- **DO NOT INCLUDE FRIENDS OR RELATIVES**

NAME	ADDRESS / PHONE	YEARS KNOWN / RELATIONSHIP
1.		
2.		
3.		

EMPLOYMENT HISTORY

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer?				
	<div style="text-align: right; border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;">()</div>				
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CERTIFICATION

I certify the answers given by me to the foregoing questions and any 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 regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicant's Full Name (please print) _____

Signed _____ Dated _____