

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Farmers Union 1913 Co Rd B 32

Ossian, IA 52161 563-532-9381

We will not use as basis for employment decisions any information regarding race, color, sex, religion, age, national origin, marital status, public assistance, sexual preference or identity, or disability.

(PLEASE PRINT)

NAME IN FULL			(First)	(Middle Initial)	(Last)			
PRESENT ADDRESS				(Street)	(City)	(State)	(Zip Code)	Telephone Number
DO YOU HAVE LEGAL RIGHT TO WORK IN THE USA?			WHAT PROMPTED THIS APPLICATION?			SOCIAL SECURITY #		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Other					
Date:		Parents Name And Phone Number(or nearest living relative)						

EMPLOYMENT INTERESTS

TYPE OF WORK DESIRED		WILL YOU RELOCATE?		DATE AVAILABLE		ARE YOU CURRENTLY EMPLOYED?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU ABLE TO WORK:		ARE YOU CURRENTLY ON "LAY-OFF"			WHAT IS YOUR DESIRED SALARY RANGE?		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		STATUS & SUBJECT TO RECALL? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

(Please circle the highest year of education completed.)

Name and Location	Did you Graduate?	Year College Degree Granted	Type of Degree	Major Subject	Average Grade			
					A	B	C	D
HIGH SCHOOL 9 10 11 12								
COLLEGE(S) 1 2 3 4 Graduate School								
VOCATIONAL, TRADE OR OTHER SCHOOLS ATTENDED								
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANCE, ETC.								
LICENSES Do You Have A Current Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	CDL	YES	NO	CUSTOM APPLICATION	YES	NO	LIST ANY OTHER LICENSE YOU MAY HAVE.	
	Tanker			1A				
	Hazmat			1B				
	Air Brakes			1C				
	Combination							

MILITARY

BRANCH OF SERVICE	
RANK AT DISCHARGE	MAJOR DUTIES
JOB RELATED TRAINING	

REFERENCES

List Three References Who Are Not Relatives Or Previous Supervisors			May We Contact References: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME and PHONE#	ADDRESS	OCCUPATION	YEARS KNOWN
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EMPLOYMENT HISTORY

(Give Last or Present Position First)

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS <i>(Starting)</i>		DATE	SALARY
EMPLOYED AS <i>(Termination)</i>		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR		TELEPHONE NUMBER	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS <i>(Starting)</i>		DATE	SALARY
EMPLOYED AS <i>(Termination)</i>		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR		TELEPHONE NUMBER	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS <i>(Starting)</i>		DATE	SALARY
EMPLOYED AS <i>(Termination)</i>		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR		TELEPHONE NUMBER	MAY WE CONTACT SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: Include explanation of any gaps in employment and why you think you qualify for this position.

MAINTENANCE EXPERIENCE & QUALIFICATIONS

Automotive

Indicate training and experience in the following:	Formal Training √	Years of Experience	Area	Formal Training √	Years of Experience
Exhaust Systems			Body Work		
Wheel & Tire Balancing Machine			Electrical Repair		
Engine Tune-Up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			Transmissions		

Maintenance

Indicate training and experience in the following:	Formal Training √	Years of Experience	Area	Formal Training √	Years of Experience
General Equipment Repair			Anhydrous Equipment		
			Small Engine Repair		
Metal Fabrication			General Auto Repair		
Hydraulics			Sandblasting		
Carpentry			Paint Spray Gun		
Concrete Forming			Plumbing		
Electric Welder			Electrical		
Oxyacetylene Torch					
Wire Welder					
Comments:					

OFFICE EXPERIENCE & QUALIFICATIONS

Indicate training and experience in the following:	Formal Training √	Years of Experience	Area	Formal Training √	Years of Experience
Supervision(how many employees)			Calculator		
Data Entry			Grain Grading		
Accounting			Grain DPR		
Networks			Customer Service		
Spreadsheet			Computers (Indicate Software)		
Word Processor					

APPLICANT'S STATEMENT

I understand that if I am employed, my employment is not for any definite or guaranteed period of time. I realize that my signature will be your authorization to research statements that I have made in this application and is a consent form for the release of background information from your previous employers and also for criminal background checks.

Furthermore, it is understood and agreed that any misrepresentation by me in this application could be cause for cancellation of the application and/or for separation from the Company's service if I have been employed.

I further agree to wear and maintain such personal protective equipment as may be provided by the company, for instance, hardhat, safety belt, ect., and return same to the company on termination of my employment.

SIGNATURE

DATE

FOR OFFICE USE --- DO NOT WRITE IN THIS SPACE

PROCESS RECORD

Applicant Hired _____ Not Hired _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If not hired, summary report of reasons should be placed in file.)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Police & Traffic Record						

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____