



## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This organization is committed to the policy of equal opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, national origin, age, or physical or mental handicap. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed by us.

1. Name: \_\_\_\_\_  
Last First Initial

2. Address: \_\_\_\_\_  
No. & Street City State Zip

3. Social Security No: \_\_\_\_\_ 4. Telephone No: \_\_\_\_\_

5. What is the best time to contact you? \_\_\_\_\_

6. Are you a U.S. citizen or do you have a visa allowing you to work in the U.S. in the work for which you are applying?  
 Yes  No

7. Do you have a known pre-existing condition that would prevent you from working in cold, hot, dusty conditions?  
 Yes  No Comments: \_\_\_\_\_

8. Are you physically able to lift 110 lbs regularly if required?  Yes  No

9. Are you allergic to grain dust?  Yes  No

10. Encircle the highest year of education.  
Grade School High School Junior College College  
4 5 6 7 8 1 2 3 4 1 2 3 1 2 3 4 5 6 7

11. Name and address of last school attended and list highest degree achieved: \_\_\_\_\_

12. List any special degrees, training certificates, licenses, specialized work experiences, or other factors you think should be considered in placing you in a particular job. \_\_\_\_\_

11. What position are you applying for? \_\_\_\_\_

12. Requested hourly wage/annual salary? \_\_\_\_\_

13. What date are you available to start? \_\_\_\_\_

14. Are you seeking full-time or part-time employment? \_\_\_\_\_

If part-time, what days/times are you able to work? \_\_\_\_\_

15. How did you hear about us? \_\_\_\_\_

16. Are you willing to submit to a pre-employment drug test?

Yes  No

17. Do you have a valid Driver's License?

Yes  No

A Commercial License?

Yes  No

Driver's License No: \_\_\_\_\_

State: \_\_\_\_\_

18. Have you filed an application with us before? If so, when? \_\_\_\_\_

Yes  No

19. Do any of your friends or relatives work here? \_\_\_\_\_

20. Have you been convicted of a crime in the past ten years (including traffic violation)?

Yes  No

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

**Employment History (list in reverse order beginning with current employer)**

Name \_\_\_\_\_ Position/Job/Title \_\_\_\_\_

Address, City, State \_\_\_\_\_

Contact and phone number \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Position/Job/Title \_\_\_\_\_

Address, City, State \_\_\_\_\_

Contact and phone number \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Position/Job/Title \_\_\_\_\_

Address, City, State \_\_\_\_\_

Contact and phone number \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact the employers listed above as a reference?

Yes  No

If not, which employer and why? \_\_\_\_\_