



EMPLOYMENT APPLICATION

**BOTH SIDES OF APPLICATION
MUST BE FILLED OUT COMPLETELY**

NAME LAST FIRST MIDDLE			TODAY'S DATE		
STREET ADDRESS:				Area Code	PHONE NUMBER
CITY:		STATE:	COUNTY:	ZIP CODE:	
PLEASE CHECK APPROPRIATE BOX: <input type="checkbox"/> Age 18 or under <input type="checkbox"/> Age 17 <input type="checkbox"/> Between ages 18 and 21 <input type="checkbox"/> Age 22 and over				SOCIAL SECURITY NO. -----	
TYPE JOB PREFERRED		FIRST CHOICE	SECOND CHOICE	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
LOCALITY PREFERRED		DO YOU HAVE RELIABLE TRANSPORTATION?		CAN YOU CONSIDER A JOB REQUIRING A RESIDENCE CHANGE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

MILITARY SERVICE BRANCH SERVED IN _____ DATE ENTERED _____ DATE DISCHARGED _____	Have you filled out an application with or been employed by the Countrymark Cooperative System before? <input type="checkbox"/> YES <input type="checkbox"/> NO Please list any relatives currently working at the Co-op. _____ _____ _____	Have you ever pled guilty to, or been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, state the nature of the crime(s). _____ _____ _____
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EMPLOYMENT RECORD (LIST PRESENT OR LAST EMPLOYER FIRST)

EMPLOYMENT DATES				COMPANY NAME & ADDRESS	SPECIFIC DUTIES	REASON FOR LEAVING
FROM		TO				
Mo.	Year	Mo.	Year			
				SUPERVISOR'S NAME		
PHONE NUMBER		KIND OF BUSINESS		SALARY		
				SUPERVISOR'S NAME		
PHONE NUMBER		KIND OF BUSINESS		SALARY		
				SUPERVISOR'S NAME		
PHONE NUMBER		KIND OF BUSINESS		SALARY		

Approximately how many full and partial days have you lost from scheduled work or school during each of the last two years (excluding earned vacation)?

Last 12 months: Days lost _____

Reasons: _____

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Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with our Cooperative?

EDUCATION (Information on education will be used only as it applies to the necessary qualifications & positions for which you apply.)

CIRCLE HIGHEST GRADE COMPLETED:	ELEMENTARY			HIGH SCHOOL				COLLEGE (No. of Years Completed)					
	6	7	8	9	10	11	12	1	2	3	4	5	6

NAME OF SCHOOL(S): _____
(HIGH SCHOOL, TRADE, VOCATIONAL, BUSINESS, COLLEGE)

SUBJECTS: Major: _____ Degree(s) Received: _____
Minor: _____ Certificate(s) Received: _____

SKILLS LEARNED: _____

STUDIES NOW PURSUING: _____

- I, the undersigned, certify
- (1) That I have read the foregoing employment application, and understand that failure to provide true and correct information may lead to non-hire or termination.
 - (2) That I am the person described and duly qualified to work except as otherwise stated; and that if employed by the above named Corporation, I agree that such employment is made with the full right of the employer to terminate such employment at any time and for any reason, with or without notice.
 - (3) I understand and agree that prior to employment, and from time to time during my employment, I may be required to take and pass a drug or alcohol screen as a condition of hiring or continued employment.
 - (4) Upon an offer of employment as a condition of actually beginning employment, I hereby agree to submit myself, on request, to a thorough examination by a physician of said Corporation's selection. I further understand and agree that the results of such examination may serve to disqualify me for a particular job or for any position with the Corporation. I also give my consent to the performance of such later re-examinations upon myself as may be deemed necessary by the physician during the period of my employment. I will in no way hold the doctor or doctors who perform the examination, the clinic where the examination is performed, or said Corporation responsible in any way.
 - (5) I understand that part of the procedure for processing an employment application may be an inquiry concerning previous employment. I give the Corporation unconditional authorization to make such inquiry and release the Corporation from any and all liability or damages for compiling such information. I similarly release my past and present employers from any and all liability in connection with furnishing such information.
 - (6) I understand that this application will be considered active for a period of six months only, and that I will not be considered for employment after six months from the date of this application unless I complete a new application at that time.

APPLICANT'S NAME: _____

NAME (Signed) _____ NAME (Printed) _____