



Application for Employment

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 the organization.

Applicant name: _____ Date: _____
 Position(s) applied for or type of work desired: _____
 Address: _____
 Telephone #: _____
 Type of employment desired: _____ full-time _____ part-time _____ temporary
 Date you will be available to start work: _____
 Are you able to meet the attendance requirements? _____ Yes _____ No
 Are you able to work overtime if necessary? _____ Yes _____ No
 Can you travel if required by this position? _____ Yes _____ No
 Have you ever been previously employed by our organization? _____ Yes _____ No
 If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Drivers license number (if driving is an essential job duty): _____
 How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
 Address: _____ Telephone #: _____
 Immediate supervisor and title: _____
 Dates employed: from _____ to _____
 Job summary: _____
 Reason for leaving: _____

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Employment History continued

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 reference's names, telephone numbers, and years known (do not include relatives or employers):

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

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment 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 the employer or I can terminate the relationship "at-will", with or without cause, at any time, so long as there is no violation of applicable federal or state law.

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

I understand that if I am employed, I will be required to submit to, and satisfactorily pass a drug-screening test within three days of being hired. The employer will pay the cost of the test.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in 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

✓ **Applicant**
signature _____ **Date** _____

I have applied for employment with Country Partners Cooperative and have provided information about my previous employment. My signature below authorizes my former or current employers and references to release the contents of my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Country Partners Cooperative, whether the information is positive or negative.

I authorize Country Partners Cooperative to investigate all statements made in my application for employment and to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment history. I knowingly and voluntarily release all former and current employers, references, and Country Partners Cooperative from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Country Partners Cooperative. This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign. This consent will be valid for no longer than six (6) months.

✓ **Applicant signature:** _____ **Date:** _____