

APPLICATION FOR EMPLOYMENT

AGRONOMYENERGY**FARM&RANCHSUPPLY**C-STORES

To be considered an applicant, you must complete this form. A resume may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature.

Name:		Date:	
Last	First	Middle	
Mailing Address:			
Cell Phone Number: Home Phone Number:			
Email Address:			
Have you ever worked for	T&C Supply Association	on? YES NO If yes, when:	
Are you legally eligible to Federal Law requires proof of identity ar			
•	or sealed. A past crimir	answer "yes" if your "official" conviction record has nal history does not necessarily disqualify an applicant blease describe incident here:	
Do you have relatives or f	_	company YES NO	
Position Applying for:		Referred by:	
Type of Employment	Full Time 🔲 Part T	ime 🗆 Temporary 🗀 Seasonal	
Shift Preference:	Desired Salary:	Work Weekends?	
Are you willing to work ov	ertime? 🗌 YES 🔠 N	IO Are you willing to travel? YES NO	
Date available to begin w	ork:	_ Are you 21 or over?	
Are you 18 or over?	ES 🗌 NO If no,	you may need to provide us with a work permit.	
Special Skills & Qualification	Please summarize memberships.	e special skills, qualifications, and civic, social, or professional	

Education						
			Dates	Diploma,		
School	Name	Location	Attended	Degree & Major	Graduated?	
Lligh Cahaal						
High School						
College						
Othor						
Other List below your	 Employment Histor	 v. heginning with v	 vour most recent	emplover. Accour	nt for all periods	
•	ng part-time work, n				·	
	upplemental inform	-	, ,	•	•	
May we cented	t your present emp	lover for referen		□ NO		
May we contac	t your present emp	otoyer for referen	ices: 1E3			
		Employme	ent History			
Employer Nam	ie & Address:					
Supervisor:			Phone Numbe	r:		
Job Title & Des	cription of your duti	es:				
Reason for Lea	aving:					
Employed Date	es From:	to:	Salary Start	Salary En	h	
Employer Nam	ie & Address:					
Supervisor:			Phone Numbe	r:		
Supervisor: Phone Number:						
Job Title & Description of your duties:						
Reason for Leaving:						
					_	
 Emplover Nam	ie & Address:					
Employer Name & Address:						
Supervisor:			Phone Numbe	ı:		
Job Title & Description of your duties:						
Reason for Lea	nving:					
Employed Date	es From:	to:	_ Salary Start	Salary En	d	

References					
Please list two persons who know of your qualifications and work abilities (do not include relatives):					
Name	Phone Number Occupation				

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading, or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Co-op, and further agree that my employment and compensation are at will with the Co-op and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Co-op or myself. No supervisor, representative, agent, other employee of the Co-op has now or has had in the past the authority to enter into any agreement for employment for a specified period, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Co-op, either written or oral, modify the above terms.

I understand and agree to take any physical examination, including drug screen test; all such test will be administered in compliance with the Americans with Disabilities Act.

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to furnish verification to the Co-op, its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and or/their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the Employer, as a result of them furnishing information to the Co-Op. I authorize the Co-op, should they employ me to release employment references, if my employment becomes terminated for any reason. I also authorize the Co-op to conduct credit, police, criminal and driving record inquires, or any other employment related inquires in compliance with the provision of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et.seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I will need to re-apply.

Applicant Name:		Date:
Signature:		
	For Manager Use only	