

**APPLICATION FOR EMPLOYMENT
FOR NON-TRUCK DRIVING POSITION
An Equal Opportunity Employer**



P.O. Box 177, Cologne, MN 55322 www.midcountycop.com
(952) 466-3700 888-466-3700 Fax (952) 466-3715

We will not use as a basis for employment decisions any information regarding race, color, sex, religion, age, national origin, marital status, public assistance disability, or non-job related disability.

DATE	Email Address		
NAME	(FIRST)	(MIDDLE INITIAL)	(LAST)
PRESENT ADDRESS	(STREET)	(CITY)	(STATE) (ZIP)
WHAT PROMPTED THIS APPLICATION			
<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> REFERRAL - BY WHOM _____ <input type="checkbox"/> OTHER _____		Phone # _____	
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT MID-COUNTY COOP OR AT OUR HOLIDAY STORES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, STATE RELATIONSHIP _____			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SELECTED FOR EMPLOYMENT, ARE YOU WILLING TO SUBMIT TO A PRE EMPLOYMENT DRUG SCREENING AND BACKGROUND TEST?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
LABOR LAWS REQUIRE EMPLOYEES TO BE AT LEAST 16 YEARS OF AGE. ARE YOU 16 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SOME POSITIONS WITHIN THE COMPANY REQUIRE YOU TO BE 18 YEARS OR OLDER SUCH AS ENERGY, AGRONOMY, & SHOP POSITIONS, IF YOU ARE APPLYING FOR ONE OF THESE POSITIONS, ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE A CURRENT DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT INTERESTS

TYPE OF WORK DESIRED Please Select From Drop Down Choices	RATE OF PAY EXPECTED	DATE AVAILABLE	DESIRED HOURS/WEEK

LIST HOURS AVAILABLE TO WORK PER WEEK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

EDUCATION

NAME AND LOCATION	TYPE OF DEGREE	MAJOR SUBJECTS	GPA
HIGH SCHOOL			
COLLEGES			
VOCATIONAL, TRADE, OTHER SCHOOLS			
SCHOLASTIC HONORS, SCHOLARSHIPS ETC.			

REFERENCES

REFERENCES WHO ARE NOT RELATIVES		MAY WE CONTACT YOUR REFERENCES? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

EMPLOYMENT HISTORY**(GIVE LAST OR PRESENT POSITION FIRST)**

COMPANY NAME	ADDRESS
TYPE OF BUSINESS	
EMPLOYED AS (STARTING)	DATE
EMPLOYED AS (AT TERMINATION)	DATE
JOB DUTIES	
REASON FOR LEAVING	
SUPERVISOR	TELEPHONE NUMBER

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EMPLOYED AS (STARTING)	DATE
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JOB DUTIES	
REASON FOR LEAVING	
SUPERVISOR	TELEPHONE NUMBER

UNDERSTANDING REGARDING CONDITIONS OF EMPLOYMENT

I hereby give the Company the right to make a thorough investigation of my past employment, education and activities; and I release from all liabilities all persons, companies and corporations supplying such information. I indemnify Mid-County Co-op against any liability which might result from making such investigation. I understand that any false answer or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Mid-County Co-op and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Mid-County Co-op unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains a similar right.

SIGNATURE	DATE
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Office Use Only

Start Date

Wage

PLEASE SAVE AS PDF, ATTACH TO EMAIL AND SEND TO BILLR@MIDCOUNTYCOOP.COM