

APPLICATION FOR EMPLOYMENT
FOR NON-TRUCK DRIVING POSITIONS
An Equal Opportunity Employer



P.O. Box 177 Cologne, MN 55322-0177 www.midcountycoop.com
 (952) 466-3700 888-466-3700 Fax (952) 466-3715

We will not use as 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	
NAME (FIRST) (MIDDLE INITIAL) (LAST)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (STREET) (CITY) (STATE) (ZIP)	
WHAT PROMPTED THIS APPLICATION ____ ADVERTISEMENT ____ REFERRAL ____ OTHER _____	PHONE# _____

EMPLOYMENT INTERESTS

TYPE OF WORK DESIRED	WILL YOU RELOCATE? ____ YES ____ NO	DATE AVAILABLE	DO YOU HAVE A CURRENT DRIVERS LICENSE? ____ YES ____ NO
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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 OR PREVIOUS SUPERVISORS		MAY WE CONTACT YOUR REFERENCES ____ YES ____ NO
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

IN CASE OF EMERGENCY NOTIFY

NAME	TELEPHONE NUMBER
PRESENT ADDRESS (STREET) (CITY) (STATE) (ZIP)	

COMPLETE BACK SIDE

EMPLOYMENT HISTORY (GIVE LAST OR PRESENT POSITION FIRST)

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

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

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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 or 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 any employment at any time and that the company retains a similar right.

SIGNATURE	DATE
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