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



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										
NAME	(FIRST)	<u> </u>	(MIDDLE INITAIL)		(LAST)					
PRESENT ADDRESS	(STREET)			(CITY)		(STATE	E) (ZIP)			
WHAT PROMPTED THIS AF	PPLICATION									
ADVERTISEMENT	REFERRAL - B	Y WHOM		OTHER		Phone #			_	
DO YOU HAVE ANY FRIEND	S OR RELATIVES V	WORKING AT MID	-COUNTY COOP OR	RAT OUR HOLIDA	Y STORES?	YES	NO			
IF YES, STATE RELATIONS	HIP					T				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?YESNO										
IF SELECTED FOR EMPLOY PRE EMPLOYMENT DRUG				YES	NO]				
LABOR LAWS REQUIRE EM	IPLOYEES TO BE A	T LEAST 16 YEAR	S OF AGE. ARE YOU			1	YES	NC		
	SOME POSITIONS WITHIN THE COMPANY REQUIRE YOU TO BE 18 YEARS OR OLDER SUCH AS ENERGY, AGRONOMY, & SHOP									
DO YOU HAVE A CURRENT	DRIVERS LICENSE	Ξ?	YES	NO			YES	NC	,	
			120	NO						
TYPE OF WORK DESIRED			IRATE OF PAY EXE		TS DATE AVAILABLE	:	DESIRED HOURS/	WEEK		
THE OF WORK DESIGNATION			IVATE OF TAX E.S.	TATE OF TATE EXCEPTED DATE AVAILABLE			DEGINED 1.03. (2.	VV		
		I IST HOUD!	S AVAILABLE	TO WORK D	ED WEEK					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY			
FROM										
ТО										
			EDUCAT	TON .		1		I		
NAME AND LOCATION			TYPE OF DE			MAJOR SUBJECTS C			PA	
HIGH SCHOOL										
COLLEGES										
VOCATIONAL, TRADE, OTHER S	CHOOLS									
SCHOLASTIC HONORS, SCHOLARSHIPS ETC.			1							
REFERENCES										
REFERENCES WHO ARE NOT RELATIVES OR PREVIOUS SUPERVISORS						MAY WE CONTACT YOUR REFERECES?YESNO TELEPHONE NUMBER				
NAME		ADDRESS								
NAME		ADDRESS				TELEPHONE NUMBER				
NAME		ADDRESS				TELEPHONE NUMBI	ĒR			

	EMPLOTMENT 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						
UPERVISOR				TELEPHONE NUMBER		
COMPANY NAME		lannpress	•			
COMPANY NAME		ADDRESS				
TYPE OF BUSINESS		•				
EMPLOYED AS (STARTING)			DATE	SALARY		
EMPLOYED AS (AT TERMINATION)			DATE	SALARY		
JOB DUTIES						
REASON FOR LEAVING						
SUPERVISOR			TELEPHONE NUM	BER		
COMPANY NAME		ADDRESS				
TYPE OF BUSINESS						
EMPLOYED AS (STARTING)			DATE	SALARY		
EMPLOYED AS (AT TERMINATION)			DATE	SALARY		
JOB DUTIES						
REASON FOR LEAVING						
SUPERVISOR	TELEPHONE NUM	TELEPHONE NUMBER				
LIN	NDERSTANDING REGARDING CON	NDITIONS OF EMPLOYMENT	1			
I hereby give the Company the rigl and corporations supplying such in	ht to make a thorough investigation of my past empl nformation. I indemnify Mid-County Co-op against an	pyment, education and activities; and I release from all liabilitie y liability which might result from making such investigation. I uired documents shall be considered sufficient cause for denia	understand that any			
Mid-County Co-op and myself for e	either employment, or for the providing of any benefit	e granting of an interview is intended to create an employmen t. No promises regarding employment have been made to me g. If an employment relationship is established, I understand t	and I understand that			
CIONATUDE			D. 1 = 5	1		