



CENTRAL REGION COOPERATIVE

27875 County Road 27; Sleepy Eye, MN 56085

### APPLICATION FOR EMPLOYMENT

**\*\*Please Print\*\***

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Position applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(First, Middle, Last)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Present address, include street, city, state & zip code)

**If your above address is less than 3 years continue listing them below to cover the previous 3 year period:**

Dates	Street Address	City	State	Zip Code

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

In case of Emergency, notify: \_\_\_\_\_  
Name Phone

### PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to take a physical examination? \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

List all employment history for the past 10 years.



<b>1. Employer</b>		Dates Employed From / To (mm/dd/yyyy)	
Address:		From:	To:
Phone #:		Hourly Rate/Salary:	
Job Title:	Supervisor Name:	Supervisor Phone:	
Reason for Leaving:			

<b>2. Employer</b>		Dates Employed From / To (mm/dd/yyyy)	
Address:		From:	To:
Phone #:		Hourly Rate/Salary:	
Job Title:	Supervisor Name:	Supervisor Phone:	
Reason for Leaving:			

<b>3. Employer</b>		Dates Employed From / To (mm/dd/yyyy)	
Address:		From:	To:
Phone #:		Hourly Rate/Salary:	
Job Title:	Supervisor Name:	Supervisor Phone:	
Reason for Leaving:			

<b>4. Employer</b>		Dates Employed From / To (mm/dd/yyyy)	
Address:		From:	To:
Phone #:		Hourly Rate/Salary:	
Job Title:	Supervisor Name:	Supervisor Phone:	
Reason for Leaving:			

<b>5. Employer</b>		Dates Employed From / To (mm/dd/yyyy)	
Address:		From:	To:
Phone #:		Hourly Rate/Salary:	
Job Title:	Supervisor Name:	Supervisor Phone:	
Reason for Leaving:			

Use backside of sheet for additional employers

## EDUCATION

Type of School Attended:	School Name & Location	Did you graduate? Yes/No	Diploma/Degree	Grade Point Average	Major Course of Study
High School: <small>circle highest grade completed</small> 9 10 11 12					
Technical or Vocational					
College or University					
Graduate School					
Professional Seminars, or Additional Training					

## SPECIALS SKILLS & QUALIFICATIONS

List courses and training other than shown elsewhere in this application:


Summarize special job-related skills and qualifications acquired from employment and other experience.


## REFERENCES *(Other than relatives)*

NAME	ADDRESS	PHONE NUMBER

### TO BE READ AND SIGNED BY APPLICANT:

In connection with my application for employment with you, I understand that consumer reports which may contain public record information may be requested from a consumer reporting agency (CRA). These reports may include the following types of information: names of previous employers, dates of employment, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state, and other agencies which maintain such records; as well as information from the CRA concerning previous driving record requests made by others from such state agencies, and state provided driving records.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Company.

I authorize, without reservation, any party or agency contacted by Central Region Cooperative or an agent of Central Region Cooperative to furnish the above-mentioned information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

