



Augusta Cooperative Employment Application

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related information.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Are You Seeking: Full-time Part-time Temporary Employment? _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
• If hired, you will be required to submit proof of eligibility to work in the United States.

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony or misdemeanor (excluding marijuana convictions)? YES NO Are you 18 years of age or older? YES NO
• A conviction will not necessarily disqualify an applicant for employment.

If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: Vocational or Technical _____ Address: _____

Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Prior Employment (Starting with recent or present employer and complete in full)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Please Read This Agreement and Certification Carefully Before Signing

"I certify that the information given by me in this application is true in all respects, and agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

*"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between **Augusta Cooperative Farm Bureau, Inc.** 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 guarantees are binding upon **Augusta Cooperative Farm Bureau, Inc.** unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment, and at any time that **Augusta Cooperative Farm Bureau, Inc.** retains that same right."*

"I agree to submit to a physical examination and drug screening whenever requested, and I understand my becoming employed and/or my continued employment are subject to my successfully passing any physical examination required or authorized by law, rule, or regulation."

"I understand that this application will be kept on active file for 1 year from the date completed, after which time I would have to reapply in accordance with established employer procedures."

Signature: _____ Date: _____