

# FARM SERVICE COOPERATIVE

2308 Pine Street Harlan, IA 51537



[hr@fscoop.com](mailto:hr@fscoop.com) 712-755-3185 [www.fscoop.com](http://www.fscoop.com)

## APPLICATION FOR EMPLOYMENT

**Instructions:** It is the policy of this company to provide equal opportunity with regard to all terms and conditions of employment. This company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

### Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Position applied for \_\_\_\_\_

Current employee referral?  Yes  No If so, name of that employee: \_\_\_\_\_

Special training or skills (languages, machine operations, etc.) that would benefit you in the job for which you are applying: \_\_\_\_\_

Would you accept full-time work?  Yes  No

Would you accept part-time work?  Yes  No

On what date, would you be available for work? \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, dates: \_\_\_\_\_

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)  Yes  No

If you are under 18 years old, can you provide a work permit if required?  Yes  No

### Educational Background

High School: \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

College: \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

Graduate School: \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

Vocational Training/Other: \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate?  Yes  No Degree or diploma \_\_\_\_\_

Continuing Education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_/\_\_\_ final \_\_\_/\_\_\_

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Employer \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_/\_\_\_ final \_\_\_/\_\_\_

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Employer \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
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Employer \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Dates employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_/\_\_\_ final \_\_\_/\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the company's rules and regulations, and I understand that these rules and/or employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



Farm Service Coop  
 2303 Pine Street  
 Harlan, IA 51537  
 712-755-3185

## MVR Release Authorization Personal and Employment Background Check

Date	Branch Office		
Name of Applicant/Employee			
Address	City	State	Zip
Driver License Number	CDL YES/NO	Exp.Date	State
Hazmat/Tank(yes/no)	Other Endorsements		
____/____/____ Date of Birth (mm/dd/yyyy)	____-____-____ Social Security Number		
Phone Number	Cell Phone Number	Current DOT Physical YES/NO	Expiration Date

My Driving Record along with my personal and employment background may be obtained as part of the Farm Service Cooperative's evaluation of my job application/employment. The reports may be procured by Farm Service Cooperative, and may include my driving record and an assessment of my insurability under the Company's insurance coverage's. By signing this disclosure, I hereby authorize the Company to procure such reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
 Signature of Job Applicant/Employee

\_\_\_\_\_  
 Printed Name of Job Applicant/Employee