

FARM SERVICE COOPERATIVE

2308 Pine Street Harlan, IA 51537



APPLICATION FOR EMPLOYMENT

hr@fscoop.com 712-755-3185 www.fscoop.com

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 Name of employee (or Twitter, Facebook, newspaper, radio, other): _____
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 _____

Dates Enrolled (MM/YYYY-MM/YYYY): _____ 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 ___/___

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

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Job Title _____
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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 ___/___/___



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**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. Before any adverse action is taken, based in whole or in part on the information contained in my Driving Record, I will be provided a copy of the record, the name, address and telephone number of the reporting agency, and a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law. 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