## Leaf River Ag Service Application for Employment

**Leaf River Ag Service** is an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. This application will remain effective for a period of thirty (30) days or until the position is filled.

### Notice: Substance and Alcohol Testing is required of applicant driver.

### **Personal Information**

Date:		_					
Applicant name:	Last		First	Mic	Idla		
			Filst				
Present Address:	Street	City	State	Zip Code	Dates:	From	То
	Sileet	City		•			
Telephone #: (	)		Social Security #				_
Addresses for the	past three (3) years:						
Present Address:					Dates:		
	Street	City	State	Zip Code		From	То
Present Address:	Street				Dates:		
	Street	City (Attach sheet if	State more space is needed)	Zip Code		From	То
Are you authorized Are you 18 years o	l to work in the U.S.? ld or older?		Yes No Yes No				
State the name of a	my relatives, other than	spouse, already	employed by this con	npany:			
<b>Position Desired</b>							
Position(s) applied	for or type of work desi	red:					
Type of employme	nt desired:fu	ll-time _	part-time	t	empora	ry/seasonal	
Date you will be av	vailable to start work:		Salary de	esired:			
<ul><li>Have you ever been</li><li>If so, from</li><li>Reason for</li></ul>	bjection to working ove n previously employed l toto leaving: pervisor(s) at this compa	by our organizat	tion?	_Yes	] ]		
Can you submit pro If you are under 18	oof of legal employmen 3, can you furnish a worl	t authorization a c permit if it is i	and identity? required?	Yes Yes		No No	
How were you refe	erred to us?						
How did you learn	of this opening?						

**Employment History** Please provide all employment information for the **proceeding 10 years**, beginning with the most recent. If you need more room, you may attach another sheet of paper with the application.

Employer:	Pos	ition held:	
Address:			
Street	City	State	Zip Code
Dates employed: from to			
Immediate supervisor and title:			
• Telephone #: ( )			
• May we contact: Yes	<u>No</u>		
May we contact: Yes Starting Salary:	Fina	l Salary:	
Job summary:			
Reason for leaving:			
Did you operate a Commercial Motor Vehicle	e for this employer?	Yes	No
Were you subject to the Federal Motor Carrie	r Safety Administration	Regulations while employ	vee with the employer?
Yes No Were you subject to alcohol and controlled su	hatan aa taatin a na ayinam	cents under 10 CED nort 1	02 Vag Na
List type of Commercial Motor Vehicle or Eq Forklift, Applicator, etc.)			
Employer:	Pos	ition held:	
Address:	103		
Street	City	State	Zip Code
Dates employed: fromto	5		1
Immediate supervisor and title:			
• Telephone #: ( )			
May we contact: Yes	No		
Starting Salary:	Fina	l Salary:	
Job summary:			
Reason for leaving:			
Did you operate a Commercial Motor Vehicle	e for this employer?	Yes	No
Were you subject to the Federal Motor Carrie Yes No			
Were you subject to alcohol and controlled su	bstance testing requirem	ents under 49 CFR nart 4	0? Yes No
List type of Commercial Motor Vehicle or Eq Forklift, Applicator, etc.)			
Employer:	Pos	ition held:	
Address:			
Street	City	State	Zip Code
Dates employed: fromto			
Immediate supervisor and title:			
• Telephone #: ( )			
May we contact: Yes			
Starting Salary:	Fina	l Salary:	
Job summary:			
Reason for leaving:			
Did you operate a Commercial Motor Vehicle			
Were you subject to the Federal Motor Carrie Yes No	r Safety Administration	Regulations while employ	vee with the employer?
Were you subject to alcohol and controlled su	bstance testing requirem	ents under 49 CFR nart 4	0? Yes No
List type of Commercial Motor Vehicle or Eq Forklift, Applicator, etc.)			

# **Experience and Qualifications – Drivers**

Driver's Licens	se #:		State:		Expiration Date	2:
			he past three (3) years (O to three (3) years than wri			
Date	Loca	ation	Charge		Penalty	
Date	Loca	ation	Charge		Penalty	
	e, permit or p	orivilege ever be	t or privilege to operate a en suspended or revoked r of the two previous questio	?		s <u>No</u>
ACCIDENT R	RECORD FO		THREE (3) YEARS OF	R MORE		
	Date		Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
Last Accident:						
Next Previous:						
Next Previous:		y attach another sh	act of nonce			
II you need more	room, you ma	y attach another sh	leet of paper.			
Educationa List school nan	v	on, years comple	eted, course of study, and	l any degrees earr	ned:	
High school: _						
Technical Train	ning:					
Other special s	kills or quali					

## References

List 3 references' names, telephone numbers, and years known (do not include relatives):

Name	Address	How Acquainted	Years Acquainted
Name	Address	How Acquainted	Years Acquainted
Name	Address	How Acquainted	Years Acquainted

### TO BE READ AND SIGNED BY APPLICANT

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that the law or the employer's policy may disqualify an individual with a particular criminal history background from employment in particular positions.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an office of the Company has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I FURTHER UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR THE GRANTING OF AN INTERVIEW CREATE A CONTRACT FOR EITHER EMPLOYMENT OR PROVIDING ANY BENEFIT, AND EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: Date:
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