



# Application for Employment



Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

P E R S O N A L	Last Name                      First Name                      Middle Name			Date
	Street Address			Home Telephone
	City, State, Zip			Cell/Business Telephone
	Have you ever applied for employment with NuWay Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes: Month & Year _____ Location _____			Social Security Number
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", with what employers?			Best time to contact you?
	Membership in professional and civic organizations (Exclude those which may disclose your race, color, religion, age or national origin). Other special training or skills (languages, machine operation, etc.), special accomplishments or awards.			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what branch?
	Describe any training received relevant to the position for which you are applying.		

<b>EMPLOYMENT</b>	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
-------------------	--

<b>1</b>	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

<b>2</b>	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

<b>3</b>	Company Name	Telephone
	Address	Employed (State month and year) From _____ To _____
	Name of Supervisor	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>4</b>	Business Reference Name and Address	Telephone
	Business Reference Name and Address	Telephone
	Personal Reference Name and Address	Telephone

Please read and understand this statement before signing your application:

**S  
I  
G  
N  
A  
T  
U  
R  
E**

The information I provided in this Application for Employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to obtain information about me from previous employers, educational institutions and other parties to verify the accuracy of information in this application, a related employment resume or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose.

This application will expire in 30 days. Unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing by such officer.

I accept all terms and conditions in the above statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_