



705 E 7th St, P O Box 461, Winthrop MN 55396
866-998-3266 or 507 647-6600



Phone: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_
Street City MN Zip Phone

ADDRESS \_\_\_\_\_
FOR PAST Street City State & Zip How Long?

THREE YEARS \_\_\_\_\_
Street City State & Zip How Long?

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_
name phone

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to take a physical examination? \_\_\_\_\_

Have you ever been convicted of, or plead guilty or no contest to, a misdemeanor or a felony, or been convicted in a military court martial?

If yes, give the date and explain. (A conviction will not necessarily disqualify you from employment). \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

\_\_\_\_\_



# EMPLOYMENT HISTORY

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone Number	Reason for leaving	

# EDUCATION



Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College: 1 2 3 4

Last School Attended

(Name)

(City)

List courses and training other than shown elsewhere in this application

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES (Other than relatives)

NAME	ADDRESS	PHONE NUMBER

### TO BE READ AND SIGNED BY APPLICANT

In connection with my application for employment with you, I understand that consumer reports which may contain public record information may be requested from a consumer reporting agency (CRA). These reports may include the following types of information: names of previous employers, dates of employment, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from the CRA concerning previous driving record requests made by others from such state agencies, and state provided driving records.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I authorize, without reservation, any party or agency contacted by United Farmers Cooperative or an agent of United Farmers Cooperative to furnish the above-mentioned information.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Driver's License Number

\_\_\_\_\_

State of Issuance