

Leaf River Ag Service

Application for Employment

Leaf River Ag Service is an equal Opportunity/Affirmative employer, Qualified applicants will be considered for positions without regard to race, color, creed, religion, sexual preference, national origin, age, marital status, veteran status, citizenship status, status with regard to public assistance, or disability. We verify the information in your application, so please review it for completeness and accuracy.

Notice: Substance and Alcohol Testing is required of applicant

Applicant Information

Date: _____

Applicant name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Cell Phone #: () _____ - _____ Alternate number # () _____ - _____

Are you a citizen of the United States? _____ Yes _____ No
Are you authorized to work in the U.S.? _____ Yes _____ No
Are you 18 years old or older? _____ Yes _____ No

State the name of any relatives, other than spouse, already employed by this company: _____

Position Desired

Position(s) applied for or type of work desired: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary/seasonal

Date you will be available to start work: _____ Salary desired: _____

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

- If so, from _____ to _____
- Reason for leaving: _____
- Former supervisor(s) at this company: _____

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

How were you referred 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: _____ Position held: _____

Address: _____
Street City State Zip Code

Dates employed: from _____ to _____

Immediate supervisor and title: _____

- Telephone #: () _____ - _____
- May we contact: _____ Yes _____ No

Job summary: _____

Reason for leaving: _____

Did you operate a Commercial Motor Vehicle for this employer? _____ Yes _____ No

Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with the employer?
_____ Yes _____ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? _____ Yes _____ No

List type of Commercial Motor Vehicle or Equipment operated for this employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Employer: _____ Position held: _____

Address: _____
Street City State Zip Code

Dates employed: from _____ to _____

Immediate supervisor and title: _____

- Telephone #: () _____ - _____
- May we contact: _____ Yes _____ No

Job summary: _____

Reason for leaving: _____

Did you operate a Commercial Motor Vehicle for this employer? _____ Yes _____ No

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_____ Yes _____ No

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? _____ Yes _____ No

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Street City State Zip Code

Dates employed: from _____ to _____

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- Telephone #: () _____ - _____
- May we contact: _____ Yes _____ No

Job summary: _____

Reason for leaving: _____

Did you operate a Commercial Motor Vehicle for this employer? _____ Yes _____ No

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_____ Yes _____ No

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List type of Commercial Motor Vehicle or Equipment operated for this employer: (i.e. Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicator, etc.)

Experience and Qualifications – Drivers

Driver's License #: _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations).
If you have not had any convictions in the past three (3) years than write, NONE, in the space provided.

Date	Location	Charge	Penalty
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Date	Location	Charge	Penalty
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Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

(If the answer is yes to either of the two previous questions, attach a statement giving the details)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

Date	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatality	Injury	Non-Injury
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Last Accident: _____

Next Previous: _____

Next Previous: _____

If you need more room, you may attach another sheet of paper.

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other education or training: _____

Other special skills or qualifications: _____

References

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

Name	Address	How Acquainted	Phone
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Name	Address	How Acquainted	Phone
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Name	Address	How Acquainted	Phone
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DISCLAIMER AND SIGNATURE

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: _____