



# Augusta Cooperative Employment Application

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related information.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

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

Date Available: \_\_\_\_\_ Are You Seeking: Full-time  Part-time  Temporary  Employment? \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
• If hired, you will be required to submit proof of eligibility to work in the United States.

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES  NO  Are you 18 years of age or older? YES  NO   
• A conviction will not necessarily disqualify an applicant for employment.

If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Location: \_\_\_\_\_

Grade Completed 9  10  11  12  Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Location: \_\_\_\_\_

Years Completed 1  2  3  4  Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: Vocational or Technical \_\_\_\_\_ Location: \_\_\_\_\_

Years Completed 1  2  3  4  Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Prior Employment (Starting with recent or present employer and complete in full)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Please Read This Agreement and Certification Carefully Before Signing**

*"I certify that the information given by me in this application is true in all respects, and agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."*

*"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between **Augusta Cooperative Farm Bureau, Inc.** and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantees are binding upon **Augusta Cooperative Farm Bureau, Inc.** unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment, and at any time that **Augusta Cooperative Farm Bureau, Inc.** retains that same right."*

***"I agree to submit to a physical examination and drug screening whenever requested, and I understand my becoming employed and/or my continued employment are subject to my successfully passing any physical examination required or authorized by law, rule, or regulation."***

*"I understand that this application will be kept on active file for 6 months from the date completed, after which time I would have to reapply in accordance with established employer procedures."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_