



EMPLOYMENT APPLICATION

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

PERSONAL

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Are you legally eligible for employment in the USA? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the USA.

Are you over the age of eighteen? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

Have you been convicted of a major crime (felony) in the past? Yes ___ No ___

(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense _____

A conviction record will not necessarily bar employment.

EMPLOYMENT EXPERIENCE: List below present and past employment, beginning with your most recent

Employer 1 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

Employer 2 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

Employer 3 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

Employer 4 _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Supervisors' Name _____
Job Title _____ Reason for leaving _____
Dates of Employment: From _____ To _____ Salary or Hourly rate _____
Describe the work you did: _____

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

- Employer 1 Yes ___ No ___
Employer 2 Yes ___ No ___
Employer 3 Yes ___ No ___
Employer 4 Yes ___ No ___

Signed _____

RECORD OF 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, State) _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes ___ No ___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant

Background Investigation and Drug Testing Waiver



APPLICANT PLEASE COMPLETE THE FOLLOWING:

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, and credentials.
2. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
3. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
4. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by my employer or their agent to furnish the information described in Section I.
6. If I am offered a position with Ag & Oil and I am released due to misconduct prior to 3 months of employment, or I voluntarily quit my job within the first 3 months of employment, I understand the cost of the drug test and background investigation may be deducted from my final pay check.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Personal Information:

Please print your full name LAST FIRST MIDDLE

Please print any other names you have used

Home Address City, State Zip Code

Social Security Number Date of Birth

Drivers License Information:

State Drivers License Number Name as it appears on license

Signature Today's Date