



Co-operative Feed Dealers, Inc.
 P.O. Box 670
 Conklin, NY 13748
 phone: (607) 651-9078 fax: (607) 651-9363

APPLICATION FOR EMPLOYMENT

Answer ALL questions — please print

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 non-job related disability.

Date of application: _____

Position(s) Applied for: _____

How did you learn about us? Advertisement Employment Agency Friend
 Relative Inquiry Other _____

Name: _____ Social Security No.: _____
Last First Middle

Address: _____
Street City
 _____ Phone: _____
State Zip Code

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

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you worked for this company before? _____ Where? _____

Dates From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you now employed? _____ May we contact your present employer? Yes No

Who referred you? _____ Rate of pay expected: _____

Date available to start work: ___/___/___ What is your desired salary range? _____

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name & Address	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

EMPLOYMENT HISTORY

Start with your present or last job. Add another sheet as necessary. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
Work Performed:	

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
Work Performed:	

<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
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<u>EMPLOYER</u>	<u>DATE</u>
NAME	FROM: TO:
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CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
Work Performed:	

Comment: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ADDITIONAL INFORMATION

Other Qualifications —Summarize special job-related skills and qualifications acquired from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given. _____YES _____NO

PERSONAL/PROFESSIONAL REFERENCES —Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			



APPLICANT'S STATEMENT

Have you ever been convicted of a felony: ____ Yes ____ No

Note that disclosure of responsive information to this question will not necessarily disqualify you from employment consideration, but an omission or misrepresentation in this application or in any other information or representations you provide seeking employment with this company can disqualify you for employment.

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

In Case of Emergency Notify:

Name: _____ Phone No. _____

Address: _____

FOR OFFICE USE ONLY —DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Comments: _____

Actions: _____

Hired: _____ Dept.: _____ Start Date: _____ Salary/Wage: _____

Hire Approval: _____
Employment Manager Dept. Head General Manager