

**FARMERS COOPERATIVE OF EL CAMPO
APPLICATION FOR EMPLOYMENT**

Name: _____
(Last)
(First)
(Middle)

Address: _____
(City)
(State)
(Zip Code)

Phone: Home: () _____ Business: () _____ Cell: () _____

GENERAL INFORMATION

Social Security Number:	For what position are you applying?	Income Expected
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Who or what prompted you to apply for work here?
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Have you ever worked for this company? Yes _____ No _____	If Yes, When? _____	Where? _____	Made Application? Yes _____ No _____
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Name(s) of relatives employed at this company (Please specify relationship):
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MEDICAL INFORMATION

(Discrimination on the basis of a disability which does not create occupational hazards or prevent substantial job performance is prohibited by state and federal laws.)	
Are you presently able to perform the essential job-related functions of the position for which you are applying? Yes _____ No _____ If No, would an accommodation permit you to perform the function?	

Do you have a valid driver's license? Yes _____ No _____ Type _____

EDUCATION

Training	Name of School	City & State	Type of Courses	Circle Last Year Completed	G.P.A.	Did you Graduate?
High School				Years 9 10 11 12		
Business School						
College or University						Degree Received
Additional Schooling						

MILITARY

Branch of Service	Date Entered	Date of Discharge
Rank at Discharge	Major Duties	
Special Recognition or Achievements		

SPECIAL SKILLS

Office Machines _____

Computer Languages / Skills _____ Other Skills _____

EMPLOYMENT RECORD

Dates of Employment	Employer Name & Address	Supervisor	Salary/Wage	Reason For Leaving
		Start	Final	
		Start	Final	
		Start	Final	
		Start	Final	

May we contact your present employer? Yes _____ No _____

If you have been unemployed at any time since leaving school, please state what you were doing during that time: _____

Have you ever been convicted of a felony or a crime involving a fraudulent or dishonest act? No _____ Yes _____ If "Yes", explain. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. Employment is conditional upon meeting the eligibility requirements for the Employee Fidelity bond. _____

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

NOTICE: 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 and all other employment forms will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, 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 no supervisor or representative of this company, other than the General Manager of this company has the authority to make any representation for employment for any specified period of time, or to make any representations contrary to the foregoing. The policies, procedures and statements contained on this application do not imply, create, or constitute an employment contract.

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 persons need for a reasonable accommodation as required by the ADA.

I understand as an applicant that this is a drug free workplace and I may be asked to submit, and must pass, a drug test prior and/or during employment. I understand my employment may be subject to a job-related medical screening examination.

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.

Date: _____

Signature: _____