



Northern Country Coop

P.O. Box 217
 203 East Spring Street
 Stacyville, IA 50476-0217
 Phone: (641) 710-2348 Fax: (641) 710-2124

Application for Employment

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Position Applied For:		Date:			
PERSONAL INFORMATION					
Last Name		First	Middle		
Street Address		City	State Zip		
Phone	Social Security Number	Email Address (Voluntary)	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any other names that you have previously used to identify yourself, and identify the period of time that you used the name.					
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If offered employment, eligibility documentation must be produced within 3 work days)					
Have you previously been employed with Northern Country Coop? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," indicate dates, position held, department/location, and your reason for leaving.					
How were you referred to us?					
Type of Employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal					
Do you have any objection to working weekends and/or overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you travel if required by this position? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EDUCATION					
	Name of School	Major Course of Study	# of years	Graduated Yes/No	Degree Earned
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Other <input type="checkbox"/>
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	Masters <input type="checkbox"/> Other <input type="checkbox"/>
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK EXPERIENCE

List either your last four (4) places of employment or up to ten (10) years of employment history, starting with your present or most recent employer. Please respond to the following information completely. A resume may be included for additional reference.

Present & Former Employers (list most recent first)

Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Responsibilities		If no, why not?		
Company Name		Dates of Employment	From (mo/yr)	To (mo/yr)
Street Address		Job Title/Position		
City, State, Zip		Reason for leaving		
Name of Supervisor		Hours per week	Wage	
Phone Number		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Duties/Responsibilities		If no, why not?		

PROFESSIONAL REFERENCES

Provide the names of three references familiar with your current skills and abilities. Please do not include supervisors listed in the Work Experience section or family members.

Name	Company Name	Telephone Number	Relationship	Years Known

If the position you are applying for requires it, do you have a valid driver’s license? Yes No N/A

Do you have a Commercial Driver’s License (CDL) Yes No

If “yes” list any CDL Endorsements:

Have you ever had any license suspended or revoked? Yes No If yes, state the type of license, the regulatory agency or body making the suspension/revocation, the date(s) of suspension/revocation, and the reason for the suspension/revocation:

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.

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 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 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: _____

This company does not unlawfully discriminate in hiring or any aspect of the employment relationship on the basis of age, race, color, sex, religion, national origin, disability, or any other basis protected by law in the jurisdiction in which the employment is performed.

Northern Country Coop

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER