



APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address				
City		State	ZIP	
Home Phone #		Mobile Phone#		
E-mail Address				
Are you at least 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no you may be required to provide authorization to work.	
Are you eligible to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Can you work any shift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work overtime, including weekends?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been terminated from employment or asked to resign by an employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide company names and details.	
Company Name		Contact Information		
Are you able to perform essential functions of the job for which you are applying, with or without a reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EMPLOYMENT DESIRED

Date you can start		Hourly Rate/Salary Desired	
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>

REFERRAL SOURCE

How did you hear about us?	Walk In <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="checkbox"/>
Have you ever worked for this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.	
Trade, Business or Correspondence School	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?	

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED/MAJOR
High School				
College or University				
Trade, Business or Correspondence School				

PREVIOUS EMPLOYMENT			
From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary	
From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary	
From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary	
From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary	

REFERENCES			
<i>Give the names of three persons not related to you, whom you have known for at least 3 years.</i>			
Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

DISCLAIMER AND SIGNATURE	
<u>Please Read Carefully Before Signing</u>	
Producers Cooperative Association is an equal opportunity employer. Producers Cooperative Association does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from the military service.	
I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Producers Cooperative Association to hire me. If I am hired, I understand that either Producers Cooperative Association or I can terminate my employment at any time and for any reason, with or without prior notice. I understand that no representative of Producers Cooperative Association has the authority to make any assurance to the contrary.	
I attest with my signature below that I have given Producers Cooperative Association true and complete information on this application. No requested information can be concealed. I authorize Producers Cooperative Association to contact references provided for employment reference checks. If any information I have provided is untrue or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.	
Signature	Date