



First Cooperative Association



PO Box 60, Cherokee, IA 51012

APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

Today's Date: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ E-mail: _____

Driver's License #: _____ State: _____

Are you under 18 years of age? : Yes No

I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis: Yes No

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain:

BUSINESS /PROFESSIONAL REFERENCES

NAME	TITLE	COMPANY	PHONE NUMBER

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Indicate the type of employment desired:

Full time Part-Time Seasonal

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

Have you previously worked at this company? _____

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other Skills:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____

Last Name: _____ First Name: _____ Middle Initial: _____

DRIVER AND MECHANIC APPLICANTS ONLY

Driving Record - List all licenses (Driver Applicants Only)

State	Number	Type	Expiration Date

Has license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes No

If yes, When? Why?

Where?

Violation/Accident Record - List all the accidents or violations in which you have been involved in the last 3 yrs (Driver Applicants Only)

Date	City and State	Nature of Accident/Violation	Preventable or Non-Preventable	Number of Injuries/Fatalities

Driving Experience (Driving Applicants Only)

<input type="checkbox"/> Straight Truck _____ yrs of experience	<input type="checkbox"/> Doubles _____ yrs of experience
<input type="checkbox"/> Tractor-trailer _____ yrs of experience	<input type="checkbox"/> Other _____ yrs of experience

Indicate any safe driving awards you have received and from whom

Platform Experience (All Applicants)

Have you operated a fork lift? Yes No _____ yrs of experience

Mechanic Experience (Mechanic Applicants Only)

Are you ASE Certified? Yes No

If yes, in what areas? _____