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## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLI	ETE PAGES 1-5.		DA	TE			
Name							
	Last	First	Midd	dle		Maiden	
Present address							
	Number	Street	City S	State	Zip		
How long			Social Securit	ty No			
Telephone ( )							
If under 18, please	e list age						
Position applied fo	or (1)		Days/hou	urs avail	able to work		
	1 (2)		No Pref		_ Thur		
(Be specific)			Mon		_ Fri		
			iue		_ Fri _ Sat _ Sun		
			wea				
How many hours can you work weekly?			Can you	ı work ni	ghts?		
Employment desire	ed GFULL-TIME ONLY	PART-TI	ME ONLY	□FUL	L- OR PART-T	IME	
When available for	r work?						

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

## **BACKGROUND INFORMATION**

Have you ever been convicted of a municipal ordinance violation involving dishonesty, theft or fraud, or have you ever been convicted of any felony or misdemeanor regardless of the nature of violation or penalty imposed. The term conviction includes but is not limited to, the payment of fines and pleas of no contest. If "Yes", you must provide the date and details of the conviction. Failure to fully and truthfully respond to this section will result in the denial of employment. Yes  $\Box$  No  $\Box$ 

<b>INFORM</b>	ASE PRINT AI ATION REQUE PT SIGNATU	ESTED								
				APPLIC	ATION F	OR EMPLO	YMENT	L		
DO YOU H	AVE A DRIVE	R'S LICE	NSE?	🛛 Yes	🛛 No					
What is you	r means of tra	ansportatio	on to worl	k?						
	ense Jate				f issue _		Operator	Comi	mercial (CDL)	Chauffeur
Have you h	ad any accide ad any moving	nts during	, the past	three ye		rs?			any? any?	
		5			-	CE ONLY				
Typing	□ Yes □ No		WPM		10-key	□ Yes □ No	Word Proces	ssing	□ Yes □ No	WPM
Personal Computer	□ Yes □ No	PC Mac				Other Skills				
Position Company Address Telephone An applicat space below		times ma	kes it diffi	icult for a	n individu	Position Company Address Telephor	/	ze a comp	blete backgrou s for the specif	nd. Use the

#### PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? □ Yes □ No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Specialty \_\_\_\_ Date Entered Discharge Date Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience Employment dates Pay or salary Name of employer Name of last Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address	Name of last supervisor Employment dates		Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your Last Job Title						
Reason for leaving (be specific)	Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
PAGE	3 OF 5						

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## APPLICATION FOR EMPLOYMENT

WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	· · · · · · · · · · · · · · · · · · ·				
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or lea company.	arned, advancements or pro	motions while you wor	ked at this			

Name of employer Address	Name of last supervisor Employment dates		Pay or salary				
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your last job title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							

May we contact your present employer?	🛛 Yes	🗆 No
Did you complete this application yourself	🛛 Yes	🗆 No
If not, who did?		

# UNDERSTANDING REGARDING CONDITIONS OF EMPLOYMENT

I hereby give Premier Cooperative the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Premier Cooperative against any liability, which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Premier Cooperative and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or quarantee is binding upon Premier Cooperative unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that Premier Cooperative retains a similar right.

I understand that, if hired, I will be required to furnish proof of identity and the right to work in the United States.

Applicants who are offered employment with Premier Cooperative will be subject to testing for use of illegal drugs according to company policy/procedure.

Signature

Date