

Thank you for considering a career with Blain's Farm & Fleet™. Now that you have downloaded our employment application, here's what you need to do.

1. Print out this application.
2. Fill out the application completely.
3. Take it to the customer service desk at your local Blain's Farm & Fleet retail store. You can drop off your application any time during normal business hours:

Monday through Friday: 8:30am - 9:00pm  
Saturday: 8:30am - 8:00pm  
Sunday: 9:00am - 6:00pm

An equal opportunity,  
tobacco & drug free employer.

## EMPLOYMENT APPLICATION

*Farm & Fleet is an equal opportunity employer and employment practices shall not be influenced or affected by virtue of an applicant's race, color, religion, sex, national origin, age, disability, veteran status, or any other characteristic protected by law.*

*Questions must be answered by the individual seeking employment. If you require assistance completing the application, notify Store Management for guidance. Please complete all responses in ink. This application must be completed in its entirety. Any omission or misrepresentation is grounds to deny employment consideration.*

Date of Application: \_\_\_/\_\_\_/\_\_\_ Farm & Fleet of: \_\_\_\_\_ Social Security No.: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_  
                     First  Middle  Last

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you legally eligible for employment in the USA?   Yes   No    Are you 18 years of age or older?   Yes   No

Have you ever worked under a different name?       Yes   No    If yes, please state name: \_\_\_\_\_  
 (For background investigation purposes only.)

Have you ever worked for Farm & Fleet before?       Yes   No    If yes, please provide dates and location: \_\_\_\_\_

Relative(s) Employed At Location Where Applying?   Yes   No    If yes, Name/Position: \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

### JOB INTEREST

Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_ Wage/Salary Expectation: \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-Time   \_\_\_\_\_ Part-Time   \_\_\_\_\_ Temporary

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

### LIST PREVIOUS ADDRESSES FOR THE PAST FIVE (5) YEARS

Street Address	City	State	County	Dates of Residence (mm/yy)
Street Address	City	State	County	Dates of Residence (mm/yy)
Street Address	City	State	County	Dates of Residence (mm/yy)

### EDUCATION

	Name / Location	Number of Years Attended	Course of Study	Diploma / Degree Received
High School				
College				
Trade, Business, Etc.				
Military Service				

Do you have special experience, skills, or education that might be useful in the position for which you are applying?  
 If so, please explain. \_\_\_\_\_

Have you ever been convicted of a crime, excluding minor traffic violations?   Yes   No  
 (A conviction will not necessarily bar you from employment. The substantial relationship of the offense to the substantial elements of the job will be considered.)

If yes, please explain. \_\_\_\_\_

**EMPLOYMENT HISTORY** (Starting with your present or last job, list **all** previous employers, and include military service.)

<b>Current or Most Recent Employer</b>		Employment Dates	
Employer Name		From:	To:
Address		Hours Worked Per Week:	
Telephone Number	Supervisor's Name & Title	Starting Wage:	Per: Hour
		Final Wage:	Year
Job Title(s), Duties, and Responsibilities			
Reason for Leaving		May We Contact This Employer?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Office Use Only</b>	
		Information Verified: Yes No Initials	

<b>Previous Employer</b>		Employment Dates	
Employer Name		From:	To:
Address		Hours Worked Per Week:	
Telephone Number	Supervisor's Name & Title	Starting Wage:	Per: Hour
		Final Wage:	Year
Job Title(s), Duties, and Responsibilities			
Reason for Leaving		<b>Office Use Only</b>	
		Information Verified: Yes No Initials	

<b>Previous Employer</b>		Employment Dates	
Employer Name		From:	To:
Address		Hours Worked Per Week:	
Telephone Number	Supervisor's Name & Title	Starting Wage:	Per: Hour
		Final Wage:	Year
Job Title(s), Duties, and Responsibilities			
Reason for Leaving		<b>Office Use Only</b>	
		Information Verified: Yes No Initials	

If you require additional space, please contact a company representative for an Employment History Continuation Sheet.

Please account for any gaps in employment of thirty (30) days or more. This includes self-employment. Please explain with pertinent dates.

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I certify that the information on this application is true and correct. I understand that any omission or misrepresentation is grounds to deny employment or end the employment relationship. I understand that a consumer report may be requested and may include information as to my character, work habits, credit, academic-credential verification, job performance, experience and reasons for termination. I further understand that Farm and Fleet may request information concerning my motor vehicle operations history, criminal and civil history, in addition to other public records available from various private and public sources. I hereby authorize and release from all liability, without reservation, this Company and any law enforcement agency, administrator, State/Federal agency, institution, information service bureau, employer, employee, company or person gathering or furnishing the above-mentioned information. Any misrepresentation or false statement found during such examination may be sufficient cause to deny employment or end the employment relationship. In consideration of my employment, I agree to conform to the rules and regulations of the Company and understand that my employment can be terminated with or without notice, at any time, at the option of either the Company or myself. **This company reserves the right to conduct pre-employment and employment drug testing and I agree to submit to such tests.** I understand that this application will remain active for 30 days from today's date. If I still desire a position with the Company after this application expires, it will be my responsibility to complete a new application.

**Date Submitted :** \_\_\_\_\_ **Signature:** \_\_\_\_\_