



Randall Farmers Coop Union

Employment Application

Non-DOT Positions

Randall Farmers Coop Union ("The Cooperative") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, arrest record or any other characteristic protected by federal, state and/or local laws. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This application will remain effective for a period of thirty (30) days or until the position is filled.

If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources representative.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mobile Phone: _____ Email: _____

How do you prefer to be contacted regarding your employment application? Phone Call Text Email

Position Desired: _____

Date Available: _____ Hourly Rate/Salary Desired: _____

Are you presently employed? YES NO If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? *If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer or Human Resources before answering the question.*
 YES NO

Are you available to work: Days Nights Weekends
 Full Time Part Time
Please explain: _____

How were you referred to the company? _____

Do you have any relatives who work for this company? YES NO

If yes, please list their name and work location: _____

Are you legally eligible to be employed in the United States? YES NO
Proof of eligibility will be required upon employment

Are you 18 years old or older? YES NO
Proof of age maybe required

Have you ever worked for this company before? YES NO
If yes, where? _____ When? _____ Title: _____

Supervisor: _____ Reason for leaving: _____

Have you ever been convicted of a crime? A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law. YES NO

If yes, explain: _____

Education

	Name and Location of School	Course of Study	Number of years completed	Diploma or Degree Received
High School				
College or University				
Trade, Business or other School				

Other education, training or special skills: _____

References

_____ (initial) I voluntarily consent to allow the company and any of its officers, employees or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that these questions may be about my personal or educational background, work experience, character or personality.

Please list below the name of three persons not related to you, whom you have known for at least one year.

Name	Occupation & Company	Relationship & # of years	Phone Number

Previous Employment

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Please include military service as work experience.

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? YES NO

From: _____ To: _____ Company: _____

Job Title: _____ Reason for leaving: _____

Address: _____ Phone: _____

Duties: _____ Leaving Salary: _____

Supervisor: _____ May we contact? YES NO

From: _____ To: _____ Company: _____
 Job Title: _____ Reason for leaving: _____
 Address: _____ Phone: _____
 Duties: _____ Leaving Salary: _____
 Supervisor: _____ May we contact? YES NO

From: _____ To: _____ Company: _____
 Job Title: _____ Reason for leaving: _____
 Address: _____ Phone: _____
 Duties: _____ Leaving Salary: _____
 Supervisor: _____ May we contact? YES NO

Disclaimer and Signature

I certify that the foregoing statements are true and correct. I authorize the Cooperative to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Cooperative any information they may have regarding me and I release the Cooperative and all providers of information from any liability as a result of furnishing and receiving this information. I understand that failure to reveal any omission or misleading information by me can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Cooperative.

I further agree that, if employed, I will conform my conduct to the Cooperative's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Cooperative has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COOPERATIVE HAS THE SAME RIGHT.

Signature: _____ Date: _____

HR USE ONLY			
Hire Date		Rate	
Title		Manager	
Department		Location	