



# CO-OP EMPLOYMENT APPLICATION

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Print clearly; incomplete or illegible applications will not be processed. Please note "Not applicable" if not answering a question.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First MI

E-MAIL ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip

PRIOR ADDRESS: \_\_\_\_\_  
Street City State Zip

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

**AVAILABILITY:** For which position are you applying? \_\_\_\_\_ What date can you start? \_\_\_\_\_

What category would you prefer?  Full-time  Part-time/Temporary

For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime

**JOB-RELATED SKILLS:** IF THE JOB REQUIRES, DO YOU HAVE THE APPROPRIATE VALID DRIVER'S LICENSE?  Yes  No

Name on license, DL#, Type and State of issue \_\_\_\_\_

Have you had any moving violations within the past 7 years?  Yes  No Please describe: \_\_\_\_\_

Please list any other skills, licenses or certificates you have that may be job-related or that you feel would be of value to this job or company.

**SECURITY:** List states and counties of residence for the past seven years. \_\_\_\_\_

Have you used any names other than given above?  Yes  No If so, please list below.

Have you been convicted of a crime in the past seven years?  Yes  No If so, please describe below. (Conviction will not necessarily be a bar to employment.) In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.

CASE NUMBER/COURT	CITY/COUNTY/STATE	OFFENSE OF WHICH YOU WERE CONVICTED
1.		
2.		

PLEASE NOTE: Your application will not be considered unless every question is answered.

## PREVIOUS EMPLOYERS

### MOST RECENT EMPLOYER

Are you currently working for this employer?  Yes  No If yes, may we contact?  Yes  No

COMPANY NAME _____ PHONE _____ FAX _____	CITY _____	STATE _____
DATE EMPLOYED FROM _____ TO _____	SUPERVISOR NAME _____	SALARY (HOUR, WEEK, MONTH) _____
JOB TITLE _____	DUTIES _____	REASON FOR LEAVING _____

### SECOND MOST RECENT EMPLOYER

COMPANY NAME _____ PHONE _____ FAX _____	CITY _____	STATE _____
DATE EMPLOYED FROM _____ TO _____	SUPERVISOR NAME _____	SALARY (HOUR, WEEK, MONTH) _____
JOB TITLE _____	DUTIES _____	REASON FOR LEAVING _____

### THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ PHONE _____ FAX _____	CITY _____	STATE _____
DATE EMPLOYED FROM _____ TO _____	SUPERVISOR NAME _____	SALARY (HOUR, WEEK, MONTH) _____
JOB TITLE _____	DUTIES _____	REASON FOR LEAVING _____

### REFERENCES

INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WORK ABILITY. DO NOT INCLUDE RELATIVES.

Name	Address/Phone Number	Years Known/Relationship
1. _____	_____	_____
2. _____	_____	_____

### EDUCATION

Name	City/State	Graduate?	Degree?
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
College	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____

### CERTIFICATION AND RELEASE

I certify that I have read and understand the Applicant Note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree that any claim or lawsuit relating to my service with Tennessee Farmers Cooperative or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_