

**AT-WILL EMPLOYMENT APPLICATION – ONEOTA COMMUNITY CO-OP**

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

**THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT** but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, national origin, citizenship, disability, veteran status, or any other status protected under local, state or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a pre-employment drug screening and/or medical examination. This application will remain active for 180 days.

**PERSONAL INFORMATION**

Name Last	First	Middle	E-mail Address
Home Phone	Work Phone		

**Please list below your current address and your two other most recent addresses:**

Current	Street	City	State	Zip	Since (Mo/Yr)
Street	City	State	Zip	Since (Mo/Yr)	
Street	City	State	Zip	Since (Mo/Yr)	

**EDUCATION**

High School Attended	City, County & State	Did you earn a Diploma?	
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

**EMPLOYMENT INFORMATION**

Position Applied For: <input type="checkbox"/> Cashier <input type="checkbox"/> Produce <input type="checkbox"/> Grocery <input type="checkbox"/> Cafe <input type="checkbox"/> Wellness <input type="checkbox"/> Other	Date You Can Start Work:	Desired Wage: (optional) \$
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings	

**Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:**

1) Are you at least 16 years of age and legally eligible to work for our company in the United States? YES NO

2) Do you have restrictions that affect your ability to work extra shifts?(If yes, explain) YES NO

3) Are you on layoff and subject to recall? YES NO

4) Have you ever been discharged or asked to resign from a job? (If yes, please explain) YES NO

5) Have you ever been convicted of or pled guilty to a felony or crime other than a minor traffic citation? (If yes, please explain) (An affirmative answer will not necessarily preclude employment). YES NO

6) Are you on parole? (If yes, please explain) (An affirmative answer will not necessarily preclude employment). YES NO

**EMPLOYMENT HISTORY**

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

**Please list below your last three employers beginning with the most recent:**

<b>Most Recent Employer</b>	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving (Optional) \$	Supervisor	
Duties	Reason for Leaving			

<b>Next Most Recent Employer</b>	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving (Optional)\$	Supervisor	
Duties	Reason for Leaving			

<b>Next Most Recent Employer</b>	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving (Optional)\$	Supervisor	
Duties	Reason for Leaving			

**If you have held other positions you feel are relevant to the job for which you are applying, please include on a separate piece of paper.**

**ADDITIONAL REFERENCES – PLEASE INCLUDE ONE PERSONAL REFERENCE:**

1. **NAME:** \_\_\_\_\_ **PHONE #** (    ) \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_
2. **NAME:** \_\_\_\_\_ **PHONE #** (    ) \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_
3. **NAME:** \_\_\_\_\_ **PHONE #** (    ) \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**PLEASE USE THIS SPACE TO LIST ANY SPECIAL SKILLS YOU MAY HAVE THAT RELATE TO THE POSITION APPLIED FOR:**

**APPLICANT’S CERTIFICATION AGREEMENT**

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date