



EMPLOYMENT APPLICATION

Personal Information			
Print Name as it appears on Social Security Card:		Date of Application:	
Address:	City:	State:	Zip Code:
Personal Email Address:	Telephone No:	Cell Phone No:	
Eligibility			
Are you legally eligible for employment in the U.S? Yes No	Are you at least 21 years of age? Yes No	Do you have any felony or misdemeanor convictions? Yes No	In yes, please explain:
Are you a Veteran of the Armed Forces of the U.S? Yes No	Branch of service:	Discharge date:	Are you in the Reserves? Yes No
Education			
Name of High School:		Name of College/University:	Name of Technical/Trade School:
Current Student? Yes No	Current Student? Yes No	Current Student? Yes No	Current Student? Yes No
Diploma Received? Yes No	Diploma Received? Yes No	Diploma Received? Yes No	Diploma Received? Yes No
GED Recieved? Yes No	Degree/Certificate: _____		Degree/Certificate: _____
License(s) or Certification(s):		Expiration (if applicable):	
Intent and Availability			
Position Applying For:		Salary Requested:	Date Available to Work:
How did you learn about this position? <i>(please circle one)</i> Company Website Friend On-line/Indeed Wyoming at Work			If other, please list how:
Employment Information			
Are you currently employed? Yes No		May we contact your current employer? Yes No	Are you willing to travel if the job requires it? Yes No
Have you ever been terminated or asked to leave any job? Yes No If yes, when? Please explain:			
Summarize special skills and qulifications aacquired from employment or other experience:			
Work History: <i>(Please list most current employer first.)</i>			
1. Employer:	Job Title:	Dates of Employment:	Reason for Leaving:
Address:	Supervisor's Name & Title:	Contact Number:	Ending Pay Rate:

2. Employer:	Job Title:	Dates of Employment:	Reason for Leaving:
Address:	Supervisor's Name & Title:	Contact Number:	Ending Pay Rate:
3. Employer:	Job Title:	Dates of Employment:	Reason for Leaving:
Address:	Supervisor's Name & Title:	Contact Number:	Ending Pay Rate:
4. Employer:	Job Title:	Dates of Employment:	Reason for Leaving:
Address:	Supervisor's Name & Title:	Contact Number:	Ending Pay Rate:

References: List three professional references, preferably former supervisors and to whom you are not related.

1. Name:	Company:	Address:
Title:	Contact Number:	Years Known:
2. Name:	Company:	Address:
Title:	Contact Number:	Years Known:
3. Name:	Company:	Address:
Title:	Contact Number:	Years Known:

Applicant's Statement

My signature below certifies that this application was completed by me and that all entries on it and the information in it are true and complete to the best of my knowledge. I understand that if I provide false or misleading information or willfully omit information in this application for employment, on my resume, during my interview or during my employment if hired, I may be denied employment or subject to discipline, up to and including termination of employment.

I authorize Farmers CO-OP (FC) to investigate and verify all statements contained in this application for employment and in all data, that I provide to FC. I authorize all schools, individuals and employers named in this application for employment, except my current employer if noted, to provide information requested about me. I hereby release from liability FC and its representatives for seeking such information about me.

I acknowledge and agree that unless otherwise defined by applicable law, any employment relationship with FC is of an "at will" nature. This means that either myself or FC may terminate my employment at any time, for any reason or for no reason, with or without cause or notice. I understand that nothing in this application for employment or in the granting of any interview or any offer of employment creates a contract of employment or provides any benefit unless a specific document to that effect is executed by FC.

I understand that to be employed by FC I must be authorized to work in the United States and must provide documents to establish my eligibility to do so. Further, I understand that if I am employed, I will be required to abide by all rules, regulations, policies and procedures of FC.

Signature:	Date:
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Authorization to Investigate Job Applicant / Information Waiver

I authorize Farmers CO-OP (FC) to make whatever inquiries it may deem necessary about my application for employment. As part of such inquiries, FC has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted by FC to participate or conduct inquiries at its request, to compile information, and to furnish FC with any information obtained because of such inquiries.

I further authorize FC, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) about the above purposes.

Signature:	Date:
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