

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

DOB _____ Are you a citizen of the United States of America? Yes No

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EMPLOYMENT APPLICATION PART 2

EDUCATION

Schools/Collages Attended:	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job:

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? Yes No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Personnel Department only

Remarks _____

_____ Interview report by _____

Accurate Credit Bureau fax 626 398-0642			
I wish to order	<input type="checkbox"/>	Credit Report	<input type="checkbox"/>
	<input type="checkbox"/>	DMV Records	<input type="checkbox"/>
	<input type="checkbox"/>	Reference Verification	<input type="checkbox"/>
	<input type="checkbox"/>	Criminal Records	<input type="checkbox"/>

**PRE-EMPLOYMENT DRUG TEST
CONSENT FORM**

I, _____, hereby give my full consent
(Applicant's Name)
to submit to a drug test in accordance with this employer's Drug-Workplace Policy which basically follows the same standards and limits as established by the Federal Motor Carrier Safety Administration for the transportation industry.

I understand that prior to performing any job function for this employer after a conditional offer of employment, I must submit to a drug test and that a urine sample will be collected and tested for controlled substances.

I give my full consent to the release of my drug test results to the authorized Medical Review Officer (MRO) and/or to Midwest Service Corporation (the employer's drug & alcohol-free workplace testing consortium) who will forward those results to the below-named employer.

Ruff Brothers Grain Co.
(Employer Name)

I agree that if I test positive for use of controlled substances or refuse to test, I will not be further considered for employment with this employer.

Agreed to _____
Date

by _____
Applicant's Signature

Social Security Number

Print Applicant's Name

Home Phone Number

Witness Signature

Date