



**EMPLOYMENT APPLICATION**

NAME: *LAST* \_\_\_\_\_ *FIRST* \_\_\_\_\_ *MIDDLE* \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ AREA CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
- -

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX  
 Age 16 or under     Age 17     Between ages 18 and 21     Age 22 and over  
 SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

JOB TYPE: **FIRST CHOICE** \_\_\_\_\_ **SECOND CHOICE** \_\_\_\_\_  
 PREFERRED  TEMPORARY  FULL  PART TIME  
 DATE AVAILABLE TO START WORK \_\_\_\_\_

LOCATION PREFERRED \_\_\_\_\_ DO YOU HAVE RELIABLE TRANSPORTATION?  YES  NO  
 CAN YOU CONSIDER A JOB REQUIRING A RESIDENCE CHANGE?  YES  NO

MILITARY SERVICE: BRANCH \_\_\_\_\_ SERVED IN \_\_\_\_\_  
 DATE ENTERED \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_  
 Have you filled out an application with or been employed by the Countrymark cooperative system before?  YES  NO  
 Please list any relatives currently working at the Co-op.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Have you ever pled guilty to, or been convicted of a crime?  YES  NO  
 If so, state the nature of the crime(s).  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT RECORD (LIST PRESENT OR LAST EMPLOYER FIRST)**

EMPLOYMENT DATES	COMPANY NAME & ADDRESS	SPECIFIC DUTIES	REASON FOR LEAVING
FROM _____ TO _____ Mo. Year Mo. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
SUPERVISOR'S NAME _____			
PHONE NUMBER _____	KIND OF BUSINESS _____	SALARY _____	

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PHONE NUMBER _____	KIND OF BUSINESS _____	SALARY _____	

Approximately how many full and partial days have you lost from scheduled work or school during each of the last two years (excluding earned vacation)?  
 Last 12 months: Days lost: \_\_\_\_\_  
 Reasons: \_\_\_\_\_  
 \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with Jackson Jennings Co-op?

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**EDUCATION** (Information on education will be used only as it applies to the necessary qualifications & positions for which you apply.)

CIRCLE HIGHEST GRADE COMPLETED:	ELEMENTARY			HIGH SCHOOL				COLLEGE (Number of years completed)					
	6	7	8	9	10	11	12	1	2	3	4	5	6

NAME OF SCHOOL(S): \_\_\_\_\_  
(HIGH SCHOOL, TRADE  
VOCATIONAL, BUSINESS  
COLLEGE

Major: \_\_\_\_\_ Degree(s) Received: \_\_\_\_\_  
SUBJECTS: \_\_\_\_\_  
Minor: \_\_\_\_\_ Certificate(s) Received: \_\_\_\_\_

SKILLS LEARNED: \_\_\_\_\_

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STUDIES NOW PURSUING: \_\_\_\_\_

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I, the undersigned, certify

- (1) That I have read the foregoing employment application, and understand that failure to provide true and correct information may lead to non-hire or termination.
- (2) That I am the person described and duly qualified to work except as otherwise stated; and that if employed by the above named Corporation, I agree that such employment is made with the full right of the employer to terminate such employment at any time and for any reason, with or without notice.
- (3) I understand and agree that prior to employment, and from time to time during my employment, I may be required to take and pass a drug and alcohol screen as a condition of hiring or continued employment.
- (4) Upon an offer of employment as a condition of actually beginning employment, I hereby agree to submit myself, on request, to a thorough examination by a physician of said Corporation's selection. I further understand and agree that the results of such examination may serve to disqualify me for a particular job or for any position with the Corporation. I also give my consent to the performance of such later re-examinations upon myself as may be deemed necessary by the physician during the period of my employment. I will in no way hold the doctor or doctors who perform the examination, the clinic where the examination is performed, or said Corporation responsible in any way.
- (5) I understand that part of the procedure for processing an employment application may be an inquiry concerning previous employment. I give the Corporation unconditional authorization to make such inquiry and release the Corporation from any and all liability or damages for compiling such information. I similarly release my past and present employers from any and all liability in connection with furnishing such information.
- (6) I understand that this application will be considered active for a period of six months only, and that I will not be considered for employment after six months from the date of this application unless I complete a new application at that time.

APPLICANT'S NAME:

\_\_\_\_\_  
NAME (Signed)

\_\_\_\_\_  
NAME (Printed)