



# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

It is company policy to provide a non-smoking work environment for all employees.  
Smoking is not permitted within our buildings or property, in company vehicles or on customer's property.

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

SOCIAL SECURITY

NAME:

NUMBER: | | | | | | | | | | | | | | | |

LAST

FIRST

MIDDLE INTL

PRESENT ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

HOME PHONE NO. ( )

--

ARE YOU 18 YRS. OR OLDER?

YES

NO

CELL PHONE NO. ( )

--

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES

NO

## EMPLOYMENT DESIRED

FULL TIME:

PART TIME:

DATE YOU

SALARY

POSITION: \_\_\_\_\_

CAN START: \_\_\_\_\_

DESIRED: \_\_\_\_\_

IF SO MAY WE INQUIRE OF YOUR

ARE YOU EMPLOYED NOW?

YES

NO

PRESENT EMPLOYER?

YES

NO

HAVE YOU EVER BEEN CONVICTED OR FOUND GUILTY OF A FELONY OR CRIME?

YES

NO

EVER APPLIED TO THIS COMPANY BEFORE?

YES

NO

WHICH LOCATION? \_\_\_\_\_

WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

## PLEASE NOTE DESIRED SCHEDULE BELOW:

SUN \_\_\_\_\_ MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_

EDUCATION	NAME AND LOCATION	# OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

## DRIVING POSITION APPLICANTS (MUST COMPLETE)

LIST ALL CURRENT MOTOR VEHICLE OPERATOR'S LICENSES OR PERMITS

ISSUING STATE	TYPE	NUMBER	EXPIRATION DATE

I HAVE OR  HAVE NOT HAD MY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE DENIED, REVOKED OR SUSPENDED. IF YOUR ANSWER IS "I HAVE", PLEASE EXPLAIN:

**EMPLOYMENT HISTORY**

LIST LAST THREE EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

PLEASE FILL THIS SECTION OUT COMPLETELY, IN ADDITION TO ANY RESUME YOU MAY BE ATTACHING.

DATE MONTH AND YEAR	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

How did you hear about employment opportunities with our company? \_\_\_\_\_

Have you worked for Agway before?  HAVE OR  HAVE NOT If yes, when? \_\_\_\_\_

Location? \_\_\_\_\_ Position \_\_\_\_\_ Reason Left \_\_\_\_\_

**REFERENCES:**

LIST THREE OCCUPATIONAL AND/OR EDUCATIONAL REFERENCES

(OTHER THAN RELATIVES)

	NAME	BUSINESS	PHONE NUMBER	YRS. ACQUAINTED
1				
2				
3				

**GENERAL**

PERTINENT STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES:(CIVIC,ATHLETIC,ETC.)

U.S. MILITARY SERVICE:

RANK:

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

NAME

ADDRESS

PHONE NO.

I certify that the information on this application is true and correct to the best of my knowledge and I understand that any misrepresentation or omission of fact shall be cause for disqualification for employment or dismissal from employment. I hereby authorize an investigation of statements contained in the application and release from all liability and claims all persons and companies supplying information.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_