



## Employment Experience

Complete the information below, beginning with your present or most recent job.

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

## Military Service

Branch	From	To
--------	------	----

## Referral Source

How did you hear about us? (walk-in, advertisement, referral, web, other?) \_\_\_\_\_

Have you ever worked for this company before? **Yes/No** explain if yes: \_\_\_\_\_

Do you know anyone who works currently or in the past works for this company? **Yes/No**

If yes, who? \_\_\_\_\_

## References

Please list three (3) references, at least two (2) professional, who may be contacted regarding your past work performance and/or job experience

Name	Phone #
Address	
Type of Reference? <input type="checkbox"/> Personal <input type="checkbox"/> Professional company: _____	

Name	Phone #
Address	
Type of Reference? <input type="checkbox"/> Personal <input type="checkbox"/> Professional company: _____	

Name	Phone #
Address	
Type of Reference? <input type="checkbox"/> Personal <input type="checkbox"/> Professional company: _____	

## Skills, Aptitude, Activities

<b>Clerical: Check all the apply</b>	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Typing/ Calculator	<input type="checkbox"/> Microsoft Excel
<input type="checkbox"/> Multi-line Phone System	<input type="checkbox"/> Accounting Program(s): _____			

<b>Light Industrial: Check all the apply</b>		
<input type="checkbox"/> Supervision	<input type="checkbox"/> Shipping/receiving	<input type="checkbox"/> Skid Loader/ Forklift
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Welding: _____	

## Signature & Authorization

### Applicant's Statement:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Farm City Elevator, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Farm City Elevator, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application may be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

Acceptance of this application affords no assurance of eventual employment. If offered a position, I acknowledge the requirement to participate in a standard physical examination and drug screen.

I understand that any employment offered is for an indefinite duration and "at will" and that either I or the Employer may terminate my employment at any time with or without notice or cause.

---

Signature of Applicant

---

Date Completed