

Application for Employment
PLEASE PRINT

Waconia Farm Supply
801 S Hwy 284
Waconia, MN. 55387

Cologne Milling - Delano Farm Supply - Elk River Farm Supply - Hamburg Farm Supply - Signal Pro Equipment - Southwest Outdoor Power

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk in Private Employment Agency Other _____

Name of Source (if Applicable) _____

Name _____
Last First Middle

Address _____ Social Security # _____
Street City State Zip

Telephone # (____) _____ - _____ Cell/Other # (____) _____ - _____ Email Address _____

If necessary, best time to call you at home..... _____: _____ am / pm

May we contact you at Work..... Yes No

If Yes Work # and best time to call..... (____) _____ - _____ _____: _____ am / pm

If you are under 18 and it is required, can you furnish a work permit? Yes No

If No please explain _____

Have you ever been employed here before? Yes No

If Yes, give dates From: ____/____/____ To: ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired salary range?\$ _____

Type of employment desired..... Full Time Part Time Temporary Seasonal Educational Co-op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, Please explain? _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, Please explain? _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENCE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSTION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's License number if driving is an essential job function State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past & current employers, assignment or volunteer activities, Starting with the most recent (use additional sheets if needed.). Explain any gaps in employment in connect section below.

Employer	Phone #	Dates Employed		Summarize the type of work
		From	To	Preformed and job duties.
Address				
Starting Title / Final Title		Hourly / Salary Rate		
		Starting		
Supervisor & Title		\$	per	
Reason for leaving		Hourly / Salary Rate		
		Final		
May we contact as a reference?		\$	per	
Employer	Phone #	Dates Employed		Summarize the type of work
		From	To	Preformed and job duties.
Address				
Starting Title / Final Title		Hourly / Salary Rate		
		Starting		
Supervisor & Title		\$	per	
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Starting Title / Final Title		Hourly / Salary Rate		
		Starting		
Supervisor & Title		\$	per	
Reason for leaving		Hourly / Salary Rate		
		Final		
May we contact as a reference?		\$	per	
Comments :				

Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (1) cancel further consideration of this application, or (2) immediate discharge of me from the employer’s service, whenever it is discovered.

I expressly authorize, without reservation, the employer, it’s representatives, employees or agents to contact and obtain information from all references (personal & professional), employers, public agencies, licensing authorities, & educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remain current to only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defiant duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless that are in writing and signed by the employer’s president.

I also understand that if I am hired. I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the forgoing applicant statement.

Signature of applicant

Date
