

Lakes Area Cooperative

Thank you for your interest in becoming a team member at Lakes Area Cooperative, we require that you take the following steps in filling out the application.

1. Fill out all forms completely
2. References are required to consider your application.
3. Any areas that do not apply should be marked n/a

Any incomplete applications will not be considered.

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments.

1.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	Wage/Salary START:\$ FINAL:\$
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

2.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	Wage/Salary START:\$ FINAL:\$
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

3.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	Wage/Salary START:\$ FINAL:\$
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

4.

Past Employer	Job Title	Employment Dates FROM: TO:
Address	Supervisor	Wage/Salary START:\$ FINAL:\$
Telephone Number(s) () - () -	Duties and Responsibilities	
Reason for Leaving		

Personal References

List Three References Who Are **Not Relatives or Previous Supervisors**

May we contact references [] Y [] N

Name	Address	Phone Number	Occupation	Years Known

APPLICANT'S STATEMENT

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.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand that some positions with the Lakes Area Cooperative require a pre-employment drug tests. (If required, you will be informed prior to employment.) I also understand that some positions require the examination of driving records prior to employment. I understand that if hired by the Lakes Area Cooperative my employment is **at will** and may be severed by either party at any time with or without cause. I understand that neither this document nor an offer of employment from the Lakes Area Cooperative constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

X

Applicant's Signature

Date

Applicant Do Not write below above line

REFERENCE CHECK

Hiring Manager be sure to record the following information obtained from the reference call.

1.

Company Contacted	Person Contacted	Date of Contact
Dates of Employment FROM: TO:	Position Held	Wage/Salary

Would you rehire? YES [] NO [] Reason for leaving: _____

Reference check performed by _____ Title _____

2.

Company Contacted	Person Contacted	Date of Contact
Dates of Employment FROM: TO:	Position Held	Wage/Salary

Would you rehire? YES [] NO [] Reason for leaving: _____

Reference check performed by _____ Title _____

3.

Company Contacted	Person Contacted	Date of Contact
Dates of Employment FROM: TO:	Position Held	Wage/Salary

Would you rehire? YES [] NO [] Reason for leaving: _____

Reference check performed by _____ Title _____