



APPLICATION FOR EMPLOYMENT

Allied Agronomy, Allied Energy, Allied Grain ("the Company") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status. This application will remain effective for a period of thirty (30) days or until the position is filled.

PLEASE PRINT

PERSONAL INFORMATION

Date: _____

Applicant Name: _____
Last First Middle

Present Address: _____
Street City State Zip Code

Phone Number: () _____ - _____ Email: _____

Are you 18 years old or older? Yes No Can you provide proof, if hired, that you are eligible to work in the United States.? Yes No

Referred by: _____

State the name of any relatives, other than spouse, already employed by this company. _____

POSITION DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are you available to work: Full Time Part Time Seasonal

Are you available to work: Days Evenings Weekends Any

Have you previously worked for this company? Yes No If so, from _____ Date to _____ Date

Reason for leaving: _____ Former supervisor(s) at this company: _____

How did you learn of this opening: _____

EDUCATION

Did you graduate from high school or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studies & Degree (s)
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education, training, or special skills: _____

Other certifications or licenses: _____

Employer: _____ Telephone Number: _____

Address: _____
Street City State Zip Code

Position Held: _____ From _____ To _____
Date Date

Duties:

Supervisor: _____ Hours Worked per Week: _____

Starting Hourly Rate/Salary: _____ Final Hourly Rate/Salary: _____

Reason for Leaving: _____ May we contact this employer? Yes No

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one (1) year.

Name	Address, Phone, Email	Company/How Acquainted	Years Acquainted

TO BE READ AND SIGNED BY APPLICANT

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other related documents are not contracts of employment; and that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature

Date