



Application for Employment

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, national origin, gender, gender identity, sex, sexual orientation, age, military/veteran status, disability, genetic information or on any other basis that would be in violation of any applicable federal, state, or local law.

(PLEASE PRINT)

Position Applied For	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Company Web Site	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In	<input type="checkbox"/> Job Board _____ <input type="checkbox"/> Other _____
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Last Name		First Name		Middle Name	
Address Number	Street	City		State	Zip Code
Home Phone		Cell Phone		Email Address	
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text Message / SMS <input type="checkbox"/> Email					

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country? <small>Proof of eligibility to work in the U.S will be required upon employment</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	
Are you available to work:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job required it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education	High School				Undergraduate College / University				Graduate / Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.												
Describe any honors you have received.												
State any additional information you feel may be helpful to us in considering your application.												

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, gender identity, sexual orientation, race, religion, national origin, age, ancestry, disability or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

Yes No

If Yes, please describe _____

Employment Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities.

Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation 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 45 days. 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.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Human Resources Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate / Salary _____ Department _____

By _____
Name and Title Date

Notes:

Please complete the application form and forward to: us.hr@agrana.com