

# Arrowwood Prairie Coop Application for Employment

Arrowwood Prairie Coop is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled. **Notice: Drug testing is required before hire.**

## Personal Information

Date:        /        /	Social Security Number:        -        -
Applicant Name: Last	First Middle
Present Address: Street	City State Zip Code
Phone Number: (        ) -	Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about the job? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____
Have you ever been convicted of a crime other than petty traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe fully.	

\*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

## Position Desired

Position:	Date you can start:	Salary Desired:
Have you previously worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, from _____ to _____	Reason for leaving:	Former supervisor at this company:

## Military Background

Brand of Service:	Military Occupation:	Rank at Discharge:	Specialized Training:
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## Education History

Name of School	Location	Last year completed	Did you graduate	Degree/Diploma
High 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	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other education or training:				
Other special skills:				

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## References

Name	Company	Title	Telephone Number
1.			
2.			
3.			

## Work History

Include all employment from your last 3 employers with start and end dates. If you have a gap of employment, please explain below, including dates. Failure to provide complete information may result in rejection of your application. **May we contact your present employer?**  Yes  No

List most recent first

1. Company Name:	Job Title & Duties:
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Address:

Street	City	State	Zip Code
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Supervisor's Name:	Phone Number: (    )    -
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Dates Worked: from _____ to _____	Reason for Leaving:	Final Wage/Salary:
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2. Company Name:	Job Title & Duties:
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Address:

Street	City	State	Zip Code
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Supervisor's Name:	Phone Number: (    )    -
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Dates Worked: from _____ to _____	Reason for Leaving:	Final Wage/Salary:
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3. Company Name:	Job Title & Duties:
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Address:

Street	City	State	Zip Code
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Supervisor's Name:	Phone Number: (    )    -
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Dates Worked: from _____ to _____	Reason for Leaving:	Final Wage/Salary:
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Special skills and qualifications:

Additional information you want us to consider in evaluating your qualifications:

Explain any gaps of employment here:

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