

# RUDYARD COOPERATIVE COMPANY

Employment Application



## APPLICANT INFORMATION

Last Name				First			M.I.	Date	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Position Applied For	__Full Time __Part Time		__Cashier __Stock Crew __Produce __Meats __Hardware __Bakery/Deli						
Do you have any disabilities that would prevent you from performing certain duties?				Explain:					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are you 18 or older? __Yes __No If Not age_____									

## EDUCATION

High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

## REFERENCES

*Please list three professional references.*

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

NOTE: All job applicants may be required to submit to a pre-employment drug test. This application is valid for 90 days.

The Rudyard Cooperative Company is an Equal Opportunity Employer.