



Meadowland Farmers Coop Application for Employment

Please complete all fields.

PERSONAL INFORMATION

First Name	Last Name
Street Address	
Home Phone Number	Cell Phone Number
Email Address	

EMPLOYMENT DESIRED

Position Desired	
Date you can start	Hourly Rate/Salary Desired
Are you Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION QUESTIONS

Are you eligible to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from employment or asked to resign by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide company and details.	
Are you available to work overtime, including weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRAL SOURCE

How did you hear about us?	<input type="checkbox"/> Walk In <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral _____ <input type="checkbox"/> Other _____
Have you ever worked for Meadowland Farmers Coop before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know anyone who currently works for Meadowland?	<input type="checkbox"/> Yes Who? _____ <input type="checkbox"/> No

EDUCATION

Name of School	City, State of School	Degree Received	Major

EMPLOYMENT HISTORY – Please provide 7 years of experience starting with most recent.**Position 1**

Employer	Start Date	End Date
Job Title	Employer City, State	
Immediate Supervisor/Title	Reason for leaving	
Job Responsibilities		

Position 2

Employer	Start Date	End Date
Job Title	Employer City, State	
Immediate Supervisor/Title	Reason for leaving	
Job Responsibilities		

Position 3

Employer	Start Date	End Date
Job Title	Employer City, State	
Immediate Supervisor/Title	Reason for leaving	
Job Responsibilities		

ADDITIONAL SKILLS

Do you have any special skills, experience, and/or training that would enhance your ability to perform the position you are applying for?

REFERENCES**Reference 1**

Name	Company/Title
Address	Phone Number
Email Address	Years Known

Reference 2

Name	Company/Title
Address	Phone Number
Email Address	Years Known

Reference 3

Name	Company/Title
Address	Phone Number
Email Address	Years Known

Please read carefully before signing.

- Meadowland Farmers Coop is an Equal Opportunity Employer.
- I understand that by submitting this application does not guarantee employment with Meadowland Farmers Coop.
- I authorize Meadowland to contact references provided for employment reference checks.
- I certify with my signature below that I have given to Meadowland true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____