



POSITION APPLIED FOR _____

DATE _____

Application for Employment

(Pre-Employment Questionnaire)

We are an equal opportunity employer, dedicated to a policy of non-discrimination. Employment is based upon qualification, without regard to race, color, religion, sex, sexual orientation, age, marital status, military status, certain unfavorable discharges from military service, citizenship, ancestry, national origin, physical or mental disability or any other characteristic protected by law.

PERSONAL DATA (Please type or print)

Last Name	First	Middle Initial
Present Address:	Number/Street	City State Zip Area Code/Telephone
Permanent Address:	Number/Street	City State Zip Area Code/Telephone
Other Name(s) by which applicant is known to references if different from present name:	Do you have any relatives working here? __Yes __No If yes, Name(s) & Relationship:	
Salary Desired:	When are you available for employment?	Please state age if under 18:
How did you hear of us? <input type="checkbox"/> Advertising <input type="checkbox"/> Person _____ <input type="checkbox"/> Other _____		
Please check the positions you are interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either		Please circle days and hours you are available for work: SU M TU W TH F S Mornings Afternoons Evenings All
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proof of identity and employment eligibility will be required upon beginning employment.		

EDUCATION: Education is a criterion that the company may utilize in determining whether or not an applicant is qualified.

Name and location of school	Degree or Certification Received	Course of Major/Minor Subjects	No. of Years Attended
High School (or G.E.D.)			
College or University			
Business, Trade or Technical Schools			
Military Service Schools			

Please account for all periods of employment. Start with your most recent position and include military service. You may attach a resume to supplement information, but application **WORK EXPERIENCE** must be completed in full.

Last or present position

NAME OF EMPLOYER		Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings \$ per wk/mo.	Starting Position		May we call you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date ended	Present (Last) Earnings \$ per wk/mo.	Present Position		May we contact your present employer prior to any offer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and title of Supervisor		Reason for Leaving?				
Brief description of your responsibilities (Include number of employees you supervised, if applicable)						

NAME OF EMPLOYER		Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings \$ per wk/mo.	Starting Position		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date ended	Present (Last) Earnings \$ per wk/mo.	Present (Last) Position				
Name and title of Supervisor		Reason for Leaving?				
Brief description of your responsibilities (Include number of employees you supervised, if applicable)						

NAME OF EMPLOYER		Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings \$ per wk/mo.	Starting Position		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date ended	Present (Last) Earnings \$ per wk/mo.	Present (Last) Position				
Name and title of Supervisor		Reason for Leaving?				
Brief description of your responsibilities (Include number of employees you supervised, if applicable)						

WORK EXPERIENCE (continued)

NAME OF EMPLOYER		Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings \$ _____ per wk/mo.	Starting Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date ended	Present (Last) Earnings \$ _____ per wk/mo.	Present (Last) Position				
Name and title of Supervisor		Reason for Leaving?				
Brief description of your responsibilities (Include number of employees you supervised, if applicable)						

NAME OF EMPLOYER		Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings \$ _____ per wk/mo.	Starting Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date ended	Present (Last) Earnings \$ _____ per wk/mo.	Present (Last) Position				
Name and title of Supervisor		Reason for Leaving?				
Brief description of your responsibilities (Include number of employees you supervised, if applicable)						

NAME OF EMPLOYER		Address	City	State	Zip	Area Code/Telephone
Date started	Starting Earnings \$ _____ per wk/mo.	Starting Position			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date ended	Present (Last) Earnings \$ _____ per wk/mo.	Present (Last) Position				
Name and title of Supervisor		Reason for Leaving?				
Brief description of your responsibilities (Include number of employees you supervised, if applicable)						

BUSINESS REFERENCES

Name	Address	Phone
1.		
2.		
3.		

APPLICANT: Please read carefully and sign

I affirm that the information provided is true and complete and that I have not withheld any fact(s). Any misrepresentation, falsification, omission or derogatory information that is discovered may prevent my being hired, or if hired, may subject me to disciplinary action, up to and including immediate employment dismissal.

I authorize Northern Partners Co-op or its agents to conduct an investigation and verification of all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law.

Upon receiving a conditional offer of employment by this company, I agree to submit to a physical examination and/or testing for illegal drugs by a doctor or facility designated by and at the expense of the company. I also agree to submit to testing for alcohol and/or illegal drugs if requested at subsequent intervals as the company may direct during the course of my employment. I understand that refusal to submit to such testing may result in my dismissal. I agree to permit collection of urine, blood, saliva, hair and/or other samples from me to conduct this testing to determine the presence or use of alcohol and/or drugs. Further, I agree to the release of drug test results and other relevant medical information to authorized representatives of the company. I also understand that my employment is contingent upon passing such testing.

I understand that this is an application for employment and that no employment contract is being offered. I also understand that, if offered employment, I will be an at-will employee, which means that my employment can be terminated at any time for any reason, with or without notice, at the option of either the company or myself, and that no representative of the company has any authority to make any representation to the contrary.

I have read, understand and agree to the above.

Authorization signature of applicant

Date