

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME / MIDDLE INITIAL	E-MAIL ADDRESS
ADDRESS	CITY	STATE / ZIP CODE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER

Are you authorized to work in the U.S.? Yes No Are you 18 years of age or older? Yes No

Referred by: _____

State the name(s) of any relatives, other than spouse, employed by MKC: _____

POSITION INFORMATION

Type of employment desired: Seasonal Part time Full time Internship

Position desired: _____

Have you previously worked for MKC? Yes No If yes, indicate dates - From: _____ To: _____

Reason for leaving: _____

Former supervisor: _____

How did you learn of this opening? _____

EDUCATION

<i>Name of school</i>	<i>Completed</i>	<i>Did you graduate?</i>	<i>Subjects, Studies Degree (s)</i>
High School: _____	1 2 3 4	_____	_____
College: _____	1 2 3 4	_____	_____
Trade, business correspondence school: _____	1 2 3 4	_____	_____

Other education or training: _____

Other special skills: _____

Activities in which you participate (civic, athletic, etc.) _____

(Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin or disabilities of its members.)

CRIMINAL

Have you ever been convicted of a felony?* Yes No

If yes, give details, including date(s): _____

* 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.

WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need additional room, you may attach another sheet of paper.

Employer's Name: _____ Address: _____
Dates employed: _____ Position held: _____
Duties: _____ Reason for leaving: _____
Manager's name and title: _____ May we contact? Yes No
Starting salary: _____ Final salary: _____

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REFERENCES List the names of three people **not** related to you, and whom you have known for at least one year.

Name	Address	How Acquainted / # of Years	Phone Number

I certify that the foregoing statements are true and correct and understand that any misrepresentation or omission may result in my ineligibility for hire, or if discovered after hire, my immediate dismissal.

I authorize Mid Kansas Cooperative Association (MKC) to investigate my personal, educational, and/or employment history, and further authorize any present or former employer, person, firm, corporation, educational institution, or government agency to share with MKC any information they may have regarding me. Through this authorization I expressly consent to the disclosure by any educational institution of records to verify my attendance and performance at such institution, including any degree I may have obtained. In consideration of MKC's review of this application, I release MKC and all providers of information from any liability as a result of furnishing and/or receiving this information.

I further agree that, if employed, I will conform my conduct to the rules, regulations and personnel policies of MKC. I understand that no personnel recruiter, interviewer or other representative other than an officer of MKC has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT MKC HAS THE SAME RIGHT.

SIGNATURE

PRINT NAME

DATE