



| | | | | |
|----------------------|--|------------|---|---------------|
| PERSONAL INFORMATION | Last Name | First Name | M.I. | Email Address |
| | Address (Street, City, State, Zip) | | | |
| | Telephone Number () | | Alternate Phone Number () | |
| | Have you worked for TOP AG COOPERATIVE, INC before? ()Yes ()No If yes, when and which location? | | | |
| | How did you learn of this opening? | | Do you have a friend or relative employed by TOP AG? If yes, who? | |
| | If you were ever employed under a different name, please list: | | Are you 18 or over? () Yes () No | |
| | Position applied for: | | Are you able to work on an unrestricted basis in the U.S.? () Yes () No | |
| | What type of work will you accept (check all that apply) () Regular () Temporary/Seasonal () Full-Time () Part-Time Days/Times Available _____ Are you able to work overtime if asked? () Yes () No Minimum Salary Requirement _____ If offered a position, when are you available to start? _____ | | | |

LIST EDUCATION FROM HIGH SCHOOL TO MOST RECENT LEVEL:

| EDUCATION | School Name and Location (City/State) | Diploma, Degree or Certificate | Course/Major | Did you Graduate? | Date of Graduation |
|-----------|--|--------------------------------|--------------|-------------------|--------------------|
| | | | | | N/A |
| | | | | | |
| | | | | | |

List any specialized training, professional certificates, licenses, registrations, skills, activities, awards or special recognition relevant to the position for which you are applying:

Do you have a CDL (Commercial Driver's License) ()Yes ()No

If so, please list CDL type & any endorsement(s) _____

Have you ever been convicted of any crime other than a minor traffic violation? ()Yes () No
(Applicant is not obligated to disclose expunged juvenile records of arrest or conviction)

If yes, please explain. _____
Note: Conviction will not necessarily bar you from employment

Are you bound by a non-solicit and/or confidentiality agreement with you current or prior employer? ()Yes ()No

Have you ever been discharged or forced to resign? ()Yes ()No

If yes, please explain _____

| | | |
|---|--|--|
| EMPLOYMENT HISTORY | LIST MOST RECENT EMPLOYER FIRST | Address: |
| | Employer: | |
| | Start Date: Starting Salary:\$ | Initial Position: |
| | End Date: Ending Salary: \$ | Position upon Leaving: |
| | Description of Duties: | |
| | Name and Title of Supervisor: | Phone Number: |
| | Reason for Leaving: | May we contact supervisor for reference? () Yes () No |
| | Employer: | Address: |
| | Start Date: Starting Salary:\$ | Initial Position: |
| | End Date: Ending Salary: \$ | Position upon Leaving: |
| | Description of Duties: | |
| | Name and Title of Supervisor: | Phone Number: |
| | Reason for Leaving: | May we contact supervisor for reference? () Yes () No |
| | Employer: | Address: |
| | Start Date: Starting Salary:\$ | Initial Position: |
| | End Date: Ending Salary: \$ | Position upon Leaving: |
| Description of Duties: | | |
| Name and Title of Supervisor: | Phone Number: | |
| Reason for Leaving: | May we contact supervisor for reference? () Yes () No | |
| ★ Please explain any gaps in employment history | | |

CERTIFICATION

I certify that the information shown on this application, my resume and any other attachments are correct and complete and that I have not knowingly withheld any facts or information. I understand that regardless of when discovered, any falsification or omission of information on this form, accompanying documents or in the interview process may cause me to be disqualified from further consideration or dismissed from employment, if hired.

All employment offers are made contingent upon satisfactory proof or legal authorization to work in the United States according to federal law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment. Additional requirements such as a background check and drug screen may also be required.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no one, other than the General Manager/CEO of the Company, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing. I understand advancement is based entirely on an individual's performance, job-related ability, skills, knowledge and the resulting potential for promotion.

I grant TOP AG COOPERATIVE, INC. permission to make inquiries concerning my employment and education record, and release my former employers, educational institutions, and personal references which supply written and/or oral references, from any liabilities resulting from such inquiries. I understand that I will be considered for employment with TOP AG only if this application and the required accompanying documents are filled out in their entirety.

Applicant's Signature

Date

We are an equal opportunity employer and we comply with all applicable state and federal laws prohibiting discrimination in employment based on race, ethnicity, age, color, gender, religion, national origin, sexual orientation, marital status, genetic information, disability, or other protected classification.