

Are you or your spouse related to any current employee or member of the board of directors? Yes No

If so, please list, including their relationship to you. : _____

Were you in the Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____ Honorable Discharge: Yes No
Month-Day-Year Month-Day-Year

Are there any other experiences, skills, or qualifications which you feel would especially fit you to work for this cooperative?

Do you have a valid drivers license ? Yes _____ No _____

References

Former Employers	(List below last four employers starting with last one first)				
Date Month and Year	Name, Address and Phone Number of Employer	Salary	Position	Reason for Leaving	Supervisor's Name
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					
From: _____ To: _____					

May we contact employers listed above? Yes _____ No _____ If not, indicate which one(s) you do not wish us to contact: _____

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone	Years Acquainted
1. _____				
2. _____				
3. _____				

Conditions:

I authorize the Cooperative to verify all statements contained in this application for employment and to make reference and background checks as its representatives deem necessary except as limited above for employers. You are hereby authorized to make any investigation of my personal or employment history, and my financial and credit record through any investigative or credit agencies or bureaus of your choice. I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

I understand that employment is contingent upon complying with the employment verification requirements of the Immigration Control and Reform Act. I certify that all of the statements I have made and all information provided in this application are true, and agree that my misrepresentation or omission of facts called for may result in cancellation of my application for employment or immediate dismissal. In consideration of my employment I agree to conform to the rules and regulations of the Cooperative, and I understand that if I am employed by the Cooperative that my employment, regardless of the manner or duration of my compensation, will be for no definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Cooperative. I understand that no representative of the Cooperative has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further understand if I am offered employment, I will be an "At-Will" employee of the Cooperative.

If I am offered employment in a position that requires a job related physical examination, paid for by the Cooperative, I do hereby authorize the release of the results to the Cooperative. I further understand that (1) the Cooperative requires pre-employment drug and alcohol testing as well as testing after employment; (2) that this is a condition of my employment; and (3) the Cooperative reserves the right to terminate my employment based upon any test result indicating the presence of drugs or alcohol in violation of all applicable policies of the Cooperative.

Signature of Applicant

Date