



Employment Application

An Equal Opportunity Employer

Apply online at www.dcfarmers.com

It is the policy of DC Farmers Co-op to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Job Position Applying for: _____ Desired wage: _____

Personal Information

Full Name: _____
First Middle Last Suffix

Home Address: _____
Street City State Zip

Mailing Address: _____
 Check if Same as Home Street / PO Box City State Zip

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Are you 18 or older? Yes No

Education

School	Name & Address	Course of Study	List Diploma or Degree Completed	Did you Graduate?
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)				Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment History (Additional Pages Available Upon Request)

List in order with your present or most recent employment. Please account for all time in the past ten years, including current employment, military service, part-time jobs, and period(s) of unemployment.

Current or Most Recent Employer: _____ Position Title: _____

Start Date: _____ End Date: _____ Business Phone: (____) - _____

Reason for leaving: _____

Business Address: _____

Supervisor's name: _____ Title: _____ May we contact? Yes No

Duties: _____

Employment History (Continued)

Current or Most Recent Employer: _____ Position Title: _____
Start Date: _____ End Date: _____ Business Phone: (____) - _____
Reason for leaving: _____
Business Address: _____
Supervisor's name: _____ Title: _____ May we contact? Yes No
Duties: _____

Current or Most Recent Employer: _____ Position Title: _____
Start Date: _____ End Date: _____ Business Phone: (____) - _____
Reason for leaving: _____
Business Address: _____
Supervisor's name: _____ Title: _____ May we contact? Yes No
Duties: _____

Current or Most Recent Employer: _____ Position Title: _____
Start Date: _____ End Date: _____ Business Phone: (____) - _____
Reason for leaving: _____
Business Address: _____
Supervisor's name: _____ Title: _____ May we contact? Yes No
Duties: _____

Current or Most Recent Employer: _____ Position Title: _____
Start Date: _____ End Date: _____ Business Phone: (____) - _____
Reason for leaving: _____
Business Address: _____
Supervisor's name: _____ Title: _____ May we contact? Yes No
Duties: _____

Drug-Free Workplace

DC Farmers Co-op is committed to maintaining a drug-free workplace. All new applicants selected for hire will be asked to submit a pre-employment drug test, to include THC. Drug testing may also be done at random with and without advanced notice, and after a workplace injury.

Applicants selected for hire, but do not pass the pre-employment drug screen, may apply in 30 days to be reconsidered for a position. However, they will be required to pay for their subsequent drug screen test (\$35.00).

Driver Responsibility for CDL Employees

DC Farmers Co-op requires proof of a valid CDL driver's license; applicants selected for hire must have a satisfactory driving history and maintain a satisfactory driving record during the course of employment.

Please list any and all moving violations, non-moving violations, driving infractions, misdemeanor traffic violations, felony traffic violations, or accidents on your driving record in the past three years. This information is not required for non-CDL applicants.

Date of Infraction/Violation	Nature of Offense	Disposition
Date of Infraction/Violation	Nature of Offense	Disposition
Date of Infraction/Violation	Nature of Offense	Disposition

Acknowledgment

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize DC Farmers Co-op to investigate the truthfulness of all statements contained in this application and the suitability for employment with present or former employers, supervisors, co-workers, references, or other persons with knowledge of the information provided in this application in arriving at an employment decision.

I further release each such person and former employers from liability for providing this requested information. I further authorize Douglas County Farmers Co-op to discuss the results of any investigation with all employees involved directly or indirectly with the hiring process.

In the event of employment, I understand that false or misleading information, misrepresentation, or omissions in my application, supporting application documentation, or interview, may result in immediate discharge.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND BY SIGNING BELOW I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ITS TERMS. FURTHERMORE, I UNDERSTAND THAT IF AN OFFER OF EMPLOYMENT IS EXTENDED TO ME BY A MEMBER OF MANAGEMENT, IT MAY BE RETRACTED OR AMMENDED AT THE SOLE DISCRETION OF THE GENERAL MANAGER.

Applicant Signature: _____ **Date:** _____

EMPLOYER USE ONLY

Interview Scheduled Orientation Scheduled File

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