



An Equal Opportunity Employer

Five Star Cooperative
1949 N. Linn Ave.
P.O. Box 151
New Hampton, IA 50659
Phone: (641)394-3052

Application for Employment

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, as required by Sec. 391.23 of Department of Transportation Regulations.

Applicant Signature _____ Date of Application _____

Position Applied For _____

(Please Print)

Full Name (Last) _____ (First) _____ (Full Middle) _____

Address _____ (How Long) _____
Street City State Zip Code

Addresses for Past Three Years

_____ (How Long) _____

Current Telephone Number: _____

Social Security Number: _____

Have you filed an application with our Company before? __Yes __No

If yes, give date: _____ Department: _____

Have you ever been employed with our Company before? __Yes __No

If yes, give date: _____ Department: _____

Are you employed now? __Yes __No **May we contact your present employer?** __Yes __No

Are you able to perform the essential functions of the job for which you are applying without a reasonable accommodation? __Yes __No

How many days have you been absent from work in the past year? _____

Can you lawfully work in this country? __Yes __No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the Bureau of Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: __Full-Time __Part-Time __Seasonal __Summer Only __Temporary

What days? __Sunday __Monday __Tuesday __Wednesday __Thursday __Friday __Saturday

Are you on a layoff and subject to recall? __Yes __No

Employer	Dates Employed		Work Performed
Name	From	To	
Address			
Telephone:			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason For Leaving			

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Address			
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	Starting	Final	
Supervisor			
Reason For Leaving			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

APPLICANT'S STATEMENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge, The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge if I am hired. Similarly, any false or misleading information provided in post-offer questionnaires or medical examinations will result in discharge regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company to determine whether I qualify for the position being considered. In addition, I understand a drug or alcohol test is required. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability that might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

Signature of Applicant

Date