APPLICATION FOR EMPLOYMENT



Cloverleaf Farm Supply LLC will consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

PLEASE I	PRINT					
Position (s) Applyin	ng for:				Date	
How did you hear	about us: Ci	rcle any/ al	l that apply.			
Advertisement	Relative	Relative Friend Cloverleaf Employee(name) Other				
Last Name			First Name		Middle Initial	
Address			City	State	Zip	
Telephone Numbe	r			Social Security	/ Number	
Best time to co	ntact you	ic.				
			an you provide requir			
					Yes	No
						No
If yes, give date						
Have your ever been employed with Cloverleaf Farm Supply before:Yes No						
If yes, give dates. From to to						
Do any of your friends or relatives, work at Cloverleaf Farm Supply?Yes No						No
Are you currently employed?Yes No						No
May we contact your present employer?Yes No						No
Are you prevented from lawfully becoming employed in this country because of VISA or						
Immigration status? (Proof of citizenship will be required upon employment)Yes No						No
Date available for workWhat is your desired salary range?						
Are you available to work?Full-timePart-timeTemporary						
Are you currently on lay-off from your present employer and subject to recall?						No
Can you travel if a job requires it? No						No
Do you currently have a valid driver's license? Yes No					No	
Cloverleaf Farm Supply LLC is an equal opportunity employer						

Education

	Name, City &	State of School	Years Completed	Course of Study - Degree		
High School						
College						
Graduate School						
Technical School						
Military						
List and describe any specialized training, apprenticeships, skills, professional, trade, business and civic activities and offices held.						
Specialized Skills—Check	all that apply					
Office: Computer		Equipment:	Forklift			
Copier			Skid Steer			
Fax			Straight Truck # years experience			
Calculator			Semi Truck/Trailer # years experience			
 Microsoft Office			Van/Reefer Hopper Bottom Flatbed			
Excel Outlook Word Publisher		На	HazMat Endorsement			

Employment Experience

Start with your current job or last job. Include military assignments and volunteer activities as may be relevant to the position you are applying for

Employer					
		Dates Employed	From	То	
Address				Work Performed	
Telephone Number				Work Performed	
Job Title	Supervisor				
Reason for Leaving					
Employer					
		Dates Employed	From	То	
Address				Work Performed	
Telephone Number				Work renormed	
Job Title	Supervisor				
Reason for Leaving					
Employer			F	τ.	
Address		Dates Employed	From	То	
				Work Performed	
Telephone Number					
Job Title	Supervisor				
Reason for Leaving					
Employer					
Employer		Dates Employed	From	То	
Employer Address		Dates Employed	From		
		Dates Employed	From	To Work Performed	
Address	Supervisor	Dates Employed	From		
Address Telephone Number	Supervisor	Dates Employed	From		

Summarize any other information you feel may be helpful t	o us in considering your application.				
Personal References					
1. Name	Phone#				
Address	Relationship				
2. Name	Phone#				
Address	Relationship				
3. Name	Phone#				
Address	Relationship				
Applicant's Statement	·				
I certify that answers given herein are true and complete.					
I authorize inquiries of all statements contained in this application for employment as may be necessary in arriving at					
an employment decision.					
This application for employment shall be considered active for a	period of time not to exceed 45 days. Any applicant				
wishing to be considered for employment beyond this time period should inquire as to whether or not a position is available at that time.					
I hereby understand an acknowledge that, unless otherwise defined by applicable law, any employment relationship					
with this organization is of an "at will" nature, which means that the employee may resign at any time and the employ- er may discharge employee at any time with or without cause.					
In the event of employment, I understand that false or misleading information given in my application or interview(s))					
may result in discharge. I understand, also, that I am required to	abide by all rules and regulations of the employer.				
Signature of Applicant D	ate				
FOR PERSONNEL DEPARTMENT USE ONLY					
Arrange Interview :YESNO Date of Interview	ew :				
Employed:YESNO Date of Employ	Employed:YESNO Date of Employment :				
Position :Hou	rly Rate/Salary				
Ву :					

Name, Title, Date