

FARMERS CO-OP OIL COMPANY

PO BOX 250
 RENVILLE, MN 56284
 PH. 320-320-8351 FAX 320-329-3589
 Employment Application



Farmers Co-op Oil Company is an equal Opportunity/Affirmative action employer. Qualified applicants will be considered for positions without regard to race, color, creed, religion, sexual preference, national origin, age, marital status, veteran status, citizenship status, status with regard to public assistance, or disability. We verify the information in your application, so please review it for completeness and accuracy.

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Cell					Alternate number					
Date Available to start work				Social Security No.				Desired Salary		
Position Applied for										
Location Preferred										
If part-time what hours are you available to work each day		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	From									
	To									
Type of employment desired	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to have a drug screen?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever filled out an application with this Cenex before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Referred to Cenex/Farmers Co-Op Oil Co. by					If through a newspaper, indicated ad					
Do you have a Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, do you have a CDL		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have transportation to get to work	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Are you at least 16 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you under 18?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	Degree	
				NO <input type="checkbox"/>	Last grade completed		
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Are you attending school now?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company		Phone
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMPUTER SKILLS			
Skill Level	<input type="checkbox"/> Limited	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Microsoft Office	Other Hardware/Software		
<input type="checkbox"/> Cash Register	<input type="checkbox"/> POS System	<input type="checkbox"/> Gas Diesel Pump Terminal	
<input type="checkbox"/> Other			

SPECIAL SKILLS

List any special skills, experience or activities or other information that would be helpful in evaluating your qualifications.(e.g. professional organizations, licenses, heavy equipment operator, volunteer work, first responder, positions in outside organizations).

OTHER

List any additional information you would like us to consider.

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I hereby give Farmers Co-op Oil Company the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Farmers Co-op Oil Company against liability which might result from making such investigations. I understand that any false answer or statement or implications made by me in this application or other required documents shall be sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing in this employment application or in the granting of an interview is intended to create an employment contract between Farmers Co-op Oil Company, and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Farmers Co-op Oil Company, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason and that Farmers Co-op Oil Company retains a similar right.

I understand that, if hired, I will be required to furnish proof of identity and the right to work in the United States.

Applicants who are offered employment with Farmers Co-op Oil Company will be subject to testing for the use of illegal drugs

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date
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