

Employment Application

Notice To Anybody Seeking Employment with Agassiz Sales IIc.

Your application will be considered only for the position for which you apply, therefore:

You must complete another application each time you wish to apply for another

available position.	
☐ You must complete the entire application even if you have attached/su	ibmitted a resume.
☐ You must sign and date on the back of the application.	
After the time period for accepting applications closes, all applications will phone regarding the outcome of the evaluations.	I be reviewed. You will be contacted via letter or
☐ Unsolicited applications and resumes are kept on file for 60 days.	
EQUAL EMPLOYMENT OPPORTUNITY POLICY	
It is the policy of Agassiz Sales IIc. (Agassiz) to be an Equal Opportunity Employer. those qualified persons without regard to race, color, religion, age, sex, national original disability, marital status or status with regard to public assistance.	
We have directed all managers and supervisors to emphasize this attitude in recruitin classifications. A fair and unbiased opportunity to advance within Agassiz is offered	
NOTICE TO HANDICAPPED/DISABLED APPLICANTS	
Agassiz will not discriminate against any applicant for employment because of physic for which an applicant is qualified. The Company agrees to employ, advance in en individuals with disabilities without discrimination based upon their physical or menta	cal or mental disability in regard to any position nployment, and otherwise treat qualified Il disability in all employment practices.
NOTICE TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA	
It is the Company's policy to provide employment and advance in employment qualific at all levels and segments of the organization. The Company adheres to and is subjected the vector of the company adheres to and is subjected to the company adheres to an adhere to the company adheres to the company	
PRE-EMPLOYMENT EXAMINATIONS	
To ensure the continued health and safety of all employees and members of Agassiz employment must complete a physical examination and test for illegal drugs. Employ physical examination and a negative drug test. The examination and testing are conthe applicant. The physical examination will ensure the applicant can perform the estimation and testing are continuously and the same applicant.	yment is contingent upon satisfactory completion of a ducted by a Agassiz approved physician at no cost to
EMPLOYMENT ELIGIBILITY Within three (3) days of starting employment with Agassiz, an employee must comple purpose of the form is to ensure all employees are eligible to work in the United State	
Position applied for	Date of application//
Name	MIDDLE

Personal				
Name				
LAST	FIRST	MI	DDLE	
Address		Social Se	ecurity #	
		E-mail a	ddress	
CITY	STATE	ZIP CODE		
Telephone # ()	Mobile/Beepe	er/Other Phone # ()	
If necessary, best time to call you at home is	S AM : PM	Drivers. Lic#:		
May we contact you at work? ☐ Yes ☐ N			AM	
If yes, work number and best time to call ()		:PM	
Are you over 18 years of age? ☐ Yes ☐ N	No			
List positions previously applied for			None	
Are you legally eligible for employment in this	s country? ☐ Yes ☐	No		
Have you ever been convicted of a crime?	☐ Yes ☐ No			
·		seriousness, and nature of th	utomatic bar to employment. Factors le violation, rehabilitation and position	
If yes, please provide date(s) and details				
	Work Prefere	nce		
Date available for work//				
Type of employment desired ☐ Full-time ☐] Part-time ☐ Tempora	ıry ☐ Seasonal		
Will you relocate if job requires it? ☐ Yes [□ No	Will you travel if jo	b requires it? ☐ Yes ☐ No	
Are you able to meet the attendance require	ments of the position?	☐ Yes ☐ No		
Will you work overtime (more than 40 hours i	•	_		
	Education			
High School	Circle grade complete		Did you graduate?	
City/State	1 2	3 4	Yes No	
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate and honors received	
Other ich related a tractic at 11 (11 11				
Other job-related educational institutions, licenses, certifications, etc				

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE #	#	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
20121		,)	FROM	ТО	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE			HOURLY RAT		
IMMEDIATE SUPERVISOR AND TITLE			\$	PER	
REASON FOR LEAVING			HOURLY RAT	ES/SALARY	
			FIN	AL	
MAY WE CONTACT FOR REFERENCE? YES	NO	LATER	\$	PER	
EMPLOYER	TELEPHONE #	#	DATES EN	IPLOYED	SUMMARIZE THE TYPE OF WORK
	()	FROM	TO	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS					
STARTING JOB TITLE/FINAL JOB TITLE			HOURLY RAT	ES/SALARY	
			STAR	TING	
IMMEDIATE SUPERVISOR AND TITLE			\$	PER	
REASON FOR LEAVING			HOURLY RAT	ES/SALARY	
			FINAL		
MAY WE CONTACT FOR REFERENCE? YES	NO	LATER	\$	PER	
EMPLOYER	TELEPHONE #	¥ \	DATES EN		SUMMARIZE THE TYPE OF WORK
	TELEPHONE #	*)	DATES EN	IPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
EMPLOYER ADDRESS	TELEPHONE #	;)			
	TELEPHONE #	;)		ТО	
ADDRESS	TELEPHONE #	;)	FROM	TO ES/SALARY	
ADDRESS	TELEPHONE #	;)	FROM HOURLY RAT	TO ES/SALARY	
ADDRESS STARTING JOB TITLE/FINAL JOB TITLE	TELEPHONE #	*)	FROM HOURLY RAT STAR	TO ES/SALARY TING PER	
ADDRESS STARTING JOB TITLE/FINAL JOB TITLE IMMEDIATE SUPERVISOR AND TITLE	TELEPHONE #	;)	HOURLY RAT	ES/SALARY TING PER ES/SALARY	
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Comments Including Explanation of any Gaps in Employment	T	

Skills and Qualifications					
SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.					
Refere	ences				
List name and telephone number of three business/work previous supervisors. If not applicable, list three school or					
NAME	TELEPHONE	NUMBER OF YEARS KNOWN			
	()				
	()				
	()				
Applicant Statement					
I certify that all the information I have provided in order to apply for and secure employment with the Agassiz is true, complete, and correct					
I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from Agassiz, when it is discovered.					
I understand I am required to submit to a post-offer, pre-hire physical examination in order for Agassiz to determine my physical ability to perform the job.					
I understand my employment is contingent upon the results of a drug screen for illegal drugs. A confirmed positive screen will result in my disqualification from employment.					
I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to Agassiz that may be required to make an employment decision.					
I understand this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application. A new application must be completed for each job I wish to be considered for.					
I understand my employment is not guaranteed for any term, and my employment may be terminated by Agassiz or myself at any time and for any reason. No manager, supervisor or representative of Agassiz is authorized to make an oral or written assurance or promise of continued employment.					
Do not sign until you have read the above APPLICANT STATEMENT.					
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.					
Signature of Applicant	Date	1 1			