



## Application for Employment

Please read the following questions carefully and answer each as accurately and completely as possible. LincolnWay Ag Services L.L.C. strives to provide equal employment opportunities for all employees and job applicants without regard to race, creed, color, religion, national origin, gender, marital status, disability, or age, in compliance with federal, state, and local laws governing non-discrimination employment. This policy applies to all terms, conditions and privileges of employment, including recruitment, hiring, placement, compensation, promotion, discipline or termination. Whenever possible, the company makes reasonable accommodations for qualified individuals with disabilities to the extent required by law. Pre-hire drug and alcohol testing is required.

### General Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Specific job for which you are applying: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Employment **FULL TIME / PART TIME**

Current Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have resided at the above address for less than three years, please list additional address:

Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers Lic. Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you 21 years of age or older? YES / NO

Have you been discharged or resigned in lieu of discharge from employment? YES / NO

Can you provide documentation verifying your legal right to work in the United States? YES / NO

Can you perform the essential duties and functions of the job(s) for which you are applying? YES / NO

Are you currently employed? YES / NO

If you are currently employed, may we contact your current employer? YES / NO

If not currently employed, what was the last day you worked for your previous employer? \_\_\_\_\_

Have you ever pled guilty, no contest, or been found guilty of any offense other than minor traffic violations? YES / NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES / NO

Have you ever had a license, permit or privilege revoked or suspended? YES / NO

If answered yes to any of the above 3 questions, please explain:

\_\_\_\_\_

### Hours & Days Available to Work

List the days of the week you are available to work: \_\_\_\_\_

List the hours you are available to work: \_\_\_\_\_

Are you available to work overtime if needed: YES / NO

### Employment History

Please provide your employment history beginning with your most recent employer.

(1)Company/Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

May we contact this employer? YES / NO

Reason for Leaving? \_\_\_\_\_

Describe the type of work your performed: \_\_\_\_\_

(2)Company/Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

May we contact this employer? YES / NO

Reason for Leaving? \_\_\_\_\_

Describe the type of work your performed: \_\_\_\_\_

(3) Company/Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

May we contact this employer? YES / NO

Reason for Leaving? \_\_\_\_\_

Describe the type of work your performed: \_\_\_\_\_

### **Additional Education and Training**

Educational Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Degree/Certification Received: \_\_\_\_\_ Date Received: \_\_\_\_\_

Major Courses: \_\_\_\_\_

List any additional information (special training, skills, equipment you can operate proficiently, etc.)

## Application Certification

Please read the following statements carefully before signing the application. Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask before signing.

I certify that all answers and statements I have made on this application (and resume' or other supplementary materials) are true and complete without omissions. By signing below, I authorize LincolnWay Ag Services L.L.C. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications, unless otherwise indicated on the application. I also release any of the persons or organizations names in this application from all liability for damages by furnishing such information.

I understand that if offered a job, it may be contingent on the results of a background check, drug test and pre-employment physical.

If hired I will be responsible for familiarizing myself with all rules and regulations of LincolnWay Ag Services L.L.C. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of LincolnWay Ag Services L.L.C. or at my option, without notice, at any time and for any reason.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

Applicant's Full Name (Please Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is valid for 90 days from the date it was signed by the applicant.