



Employee Application Form

All employees will be subject to random drug testing before and during their employment

First Name _____ Middle Name _____
 Last Name _____
 Street address _____
 City/State/Zip _____
 Home Phone Number _____ School/Work Phone _____
 Cell Phone Number _____ E-mail address _____
 Date of Birth _____
 Shirt size _____ Coat Size _____
 Education level _____ Marital Staus _____
 Starting date _____ Ending date _____

Emergency Contact

Phone Number _____ Relationship _____

Physician Information

Physician's Name _____
 Address _____
 Phone number _____

Personal Information (Please answer yes or no, if yes please explain)

Do you wear corrective lenses? _____
 Any impairments/dietary needs which may require special attention? _____
 Are you on any medications? _____
 Do you smoke? _____

Driver Information (If possible, please send a photo copy of your drivers license with your application)

Drivers License Number _____ State Issued _____
 License Type (class A,B,C,D) _____ Expiration Date _____
 Restrictions _____ DOT Health Card _____
 Violations in past 5 years _____ Outstanding tickets _____
 DUI Yes/No _____ Arrests/convictions Y/N _____

Preferred Position: Truck _____ Combine _____ Grain Cart _____
 Mark all that apply

Experience

Type of truck(s) operated _____
 Transmissions _____
 Combine(s) operated _____
 Other ag equip experience _____
 Other related skills _____

Previous Employment (If you don't have previous employers please list 3 character references)

Employer's name/Supervisor _____
 Address/Phone number _____
 Dates of employment _____
 Duties performed _____

 Employer's name/Supervisor _____
 Address/Phone number _____
 Dates of employment _____
 Duties performed _____

 Employer's name/Supervisor _____
 Address/Phone number _____
 Dates of employment _____
 Duties performed _____

Please feel free to send any additional information you feel may be beneficial to us along with your application.

NOTE: All information on this application will be kept confidential.

I give you permission to further research the information contained on this application and understand that misinformation or false statements listed above could result in my dismissal.

(If applying online a typed signature will be sufficient)

signature: _____ Date _____