

CARSON COUNTY GIN SEASONAL/PART-TIME APPLICATION FOR EMPLOYMENT

Carson County Gin is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

PERSONAL INFORMATION Date:	Social Secu	rity Number:	
Driver's License #	Expiration Date:/	/	
Applicant Name:			
Last	First		Middle
Present Address:			
Street	City	State	Zip Code
Phone Number: ()	Are you 18 years old or older? □ Yes □ No		
Are you authorized to work in the U.S.? \Box Y	es □ No Referred by:		
State the name of any relatives, other than sp	pouse, already employed by Carso	n County Gin.	
POSITION DESIRED			
Position:	Date you can start: _		
Salary desired:			

Have you previously worked for Carson County Gin? □ Yes □ No	If so, fromto
Reason for leaving:	
Former supervisor(s) at Carson County Gin:	
How did you learn of this opening:	

EDUCATION

Name and Location of School	Circle Last Year Complete	Did you Graduate?	Subjects Studies & Degree(s)
High School	1234	□ Yes □ No	
College	1234	□ Yes □ No	
Trade, Business or Correspondence School	1234	□ Yes □ No	

Other education or training:

Other special skills:

Activities (Civic, athletic, etc.) in which you participate:

(Exclude organizations, the name or character of which indicates the race, religion, creed, color, national origin, or disabilities of its members.)

Have you ever been convicted of a crime?* \Box Yes \Box No

If yes, give details, including date(s):

*A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. <u>Please include military service as work experience</u>. If you need more room, you may attach another sheet of paper.

Employer: _____

Address: _____

From	To	Position Held:	_		
		Duties:			
Manager's Name & Title	2		May we contact:	□ Yes	□ No
Starting Salary:		Final Salary			
Employer:					
Address:					
	То				
Reason for Leaving:		Duties:			
Manager's Name & Title	<u>:</u>		May we contact:	□ Yes	□ No
Address:					
	То				
Reason for Leaving:		Duties:			
Manager's Name & Title			_May we contact:	□ Yes	□ No

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	How Acquainted & # of Years	Phone Number
			()
			()
			()

I certify that the foregoing statements are true and correct. I authorize **Name of Coop** to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give **Name of Coop** any information they may have regarding me, and I understand that any misrepresentation, or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release **Name of Coop** and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to **Name of Coop's** rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of **Name of Coop** has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained in this application or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT **NAME OF COOP** HAS THE SAME RIGHT.

Date: _____ Signature: _____