

APPLICATION FOR EMPLOYMENT



Aurora Cooperative
2225 Q Street
PO Box 209
Aurora NE 68818

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. Be sure to sign and date the application. Please print.

Date: _____

Name _____ Social Security No. _____

Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Position applied for _____

Special training or skills: (languages, machine operation, etc.) that would be of benefit in the job for which you are applying _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? No Yes Dates _____

Do you have a legal right to be employed in the U.S.? Yes No (If yes, proof is required)

Are you of legal age to work? Yes No

Educational Background

High School:

Name and Location _____

Course of Study _____ Did you graduate? Yes No

Degree or Diploma _____ Date: _____

College:

Name and Location _____

Course of Study _____ Did you graduate? Yes No

Degree or Diploma _____ Date: _____

Graduate School:

Name and Location _____

Course of Study _____ Did you graduate? Yes No

Degree or Diploma _____ Date: _____

Vocational Training – Other:

Name and Location _____

Course of Study _____ Did you graduate? Yes No

Degree or Diploma _____ Date: _____

Continuing Education

Health:

Do you have any impairment, physical, mental, or medical, which would require reasonable accommodations to perform the job for which you have applied: Yes No

General:

Date and branch of military service: _____ Rank _____

Present membership in National Guard or Reserves: _____

In what localities have you worked? _____

Who referred you? _____

List special interests or hobbies: _____

Activities (civil, athletic, fraternal, etc.) exclude organizations, the name and character which indicates sex, religion, race, color, or national origins of its members _____

Public speaking experience and/or training _____

Previous Employers and Addresses

List most recent employer first

- 1. Company Name _____ Dates -- From _____ To _____
Contact (Supervisor) _____ Wage -- Start _____ Finish _____
Address _____ Position _____
Reason for leaving _____
- 2. Company Name _____ Dates -- From _____ To _____
Contact (Supervisor) _____ Wage -- Start _____ Finish _____
Address _____ Position _____
Reason for leaving _____
- 3. Company Name _____ Dates -- From _____ To _____
Contact (Supervisor) _____ Wage -- Start _____ Finish _____
Address _____ Position _____
Reason for leaving _____
- 4. Company Name _____ Dates -- From _____ To _____
Contact (Supervisor) _____ Wage -- Start _____ Finish _____
Address _____ Position _____
Reason for leaving _____

References

Full Name	Relationship to You	City & State	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This is to inform you that as part of our procedure for processing your application for employment, an investigative consumer report may be prepared whereby information is obtained concerning your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I certify that the information provided in this application is complete and accurate and agree that concealment or falsification of any information is grounds for dismissal. You have my permission to contact schools, references, and past employers to verify any facts in establishing my qualifications.

BE SURE TO SIGN → Signature _____

All applications must be signed by applicant