



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Mailing Address Apartment/Unit # City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma::

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone:

Address:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Notice

*Legacy Cooperative provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Legacy Cooperative complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.*

*Legacy Cooperative expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Legacy Cooperative's employees to perform their job duties may result in discipline up to and including discharge.*

*Employment with Legacy Cooperative is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, Legacy Cooperative may terminate the employment relationship at will at any time, with or without notice or cause, so long as there is no violation of applicable federal or state law.*

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may be justification for my discharge from employment if discovered at a later date if this application leads to employment. I agree to immediately notify Legacy Cooperative if I should be charged with a criminal offense while my employment application is pending.*

*I understand that, if hired, I may not hold other employment, nor engage in consulting, sales or other activities that may create a conflict of interest with Legacy Cooperative.*

*I understand that in consideration of my employment application I may be subject to any or all of the following drug and alcohol testing policies of Legacy Cooperative: Pre-employment Testing, Random Testing, Reasonable Suspicion Testing, Post-accident Testing, Return-to-work Testing and Follow-up Testing.*

*I understand that this employment application will expire in thirty (30) days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new employment application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Important:** To be considered for employment with Legacy Cooperative this application must also be accompanied by a completed **Combined Disclosure and Authorization Regarding Background Consumer Reports.**\*\*\*

Completed Employment Applications can be returned to [erica.peters@legacy-cooperative.com](mailto:erica.peters@legacy-cooperative.com) or the address below:

Legacy Cooperative  
Attn: Human Resources Department  
P.O. Box 8  
5954 Hwy 66  
Bisbee, ND 58317