



# StateLine Cooperative

*Real People. Real Pride.*

120 Walnut Street  
Burt, Iowa 50522  
515-924-3555

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had any injuries in the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license number \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Employment History – 10 Year Minimum Required

Please provide all employment information for your past four employers starting with the most recent.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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## **Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

## **References**

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that if I am employed, my driving record will be checked periodically by StateLine Cooperative and that if my driving record indicates serious violations or a frequency of violations, I may lose my driving assignment or be terminated.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_



Reference Release Form

71474f299d56
Applicant name: \_\_\_\_\_

Former employer: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

The above named applicant is being considered for employment with StateLine Cooperative and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form in the enclosed, self-addressed, stamped envelope. Or fax to 515-924-3560. Thank you for your assistance.

Applications Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for reparation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise of result from any reverence information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record of Employment

Position held: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire? \_\_\_\_ Yes \_\_\_\_ No

Table with 6 columns: Please rate the following, Excellent, Good, Average, Fair, Poor. Rows include Job Knowledge, Accuracy, Productivity, Dependability, Attendance, Overall Performance.

Comments: \_\_\_\_\_

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