

OFFICE USE

DATE

NAME

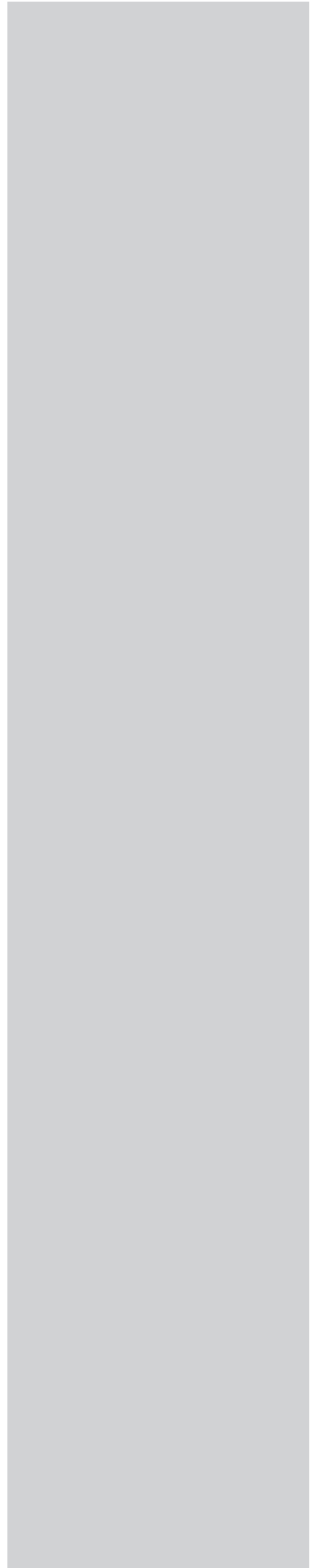
Application for Employment



Member Cooperative



Equal Opportunity Employer



PERSONAL DATA

Date _____

Name in Full _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip Code) (Telephone)

Permanent Address _____
(if different) (Street) (City) (State) (Zip Code) (Telephone)

Are you at least 18 years of age? Yes No

Have you ever been employed by GROWMARK, Inc., FS, Farm Bureau or affiliate? (If yes, when and where.)

Yes No _____

EDUCATION & TRAINING

School	Name & Location of School	Major/Minor	Dates Attended		Degree/Hrs Earned	GPA	
			From	To		Major	Overall
High School							
College							
College							
Other (Trade or Business School, Military, etc.)							

SKILLS – KNOWLEDGE

Check any of the following in which you have skill or knowledge and explain in space provided below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Typing _____ WPM | <input type="checkbox"/> Accounting | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Data Processing | <input type="checkbox"/> Grain Marketing |
| <input type="checkbox"/> Alpha | <input type="checkbox"/> Communications | <input type="checkbox"/> Management/Supervision |
| <input type="checkbox"/> Numeric | <input type="checkbox"/> Mechanical/Operations | <input type="checkbox"/> Leadership |

Computer Software Used: _____

Explain skills/knowledge marked above:

EMPLOYMENT HISTORY

Current Employer			Address		
Your Position(s)	From	To	Annual Salary \$	Supervisor	Phone No.
	From	To	Annual Salary \$	Supervisor	Phone No.
Describe Your Responsibilities					
Reason for Leaving					
If currently employed may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employer			Address		
Your Position(s)	From	To	Annual Salary \$	Supervisor	Phone No.
	From	To	Annual Salary \$	Supervisor	Phone No.
Describe Your Responsibilities					
Reason for Leaving					

Employer			Address		
Your Position(s)	From	To	Annual Salary \$	Supervisor	Phone No.
	From	To	Annual Salary \$	Supervisor	Phone No.
Describe Your Responsibilities					
Reason for Leaving					

PROFESSIONAL SUMMARY

List any professional accomplishments, licenses, certifications, associations, honors or awards, which relate to the position(s) for which you are applying.

PROFESSIONAL REFERENCES

Please list a minimum of 3 work-related professional references.

Name				
Relationship				
Years known				
Address				
Email				
Work Phone				
Cell Phone				

EMPLOYMENT PREFERENCES

Type of employment desired. Full time Part time Intern

Position(s) for which you are applying.

Reasons for position(s) choice.

Location preference or restrictions (explain):

Date Available _____ Salary Expected _____

PLEASE READ CAREFULLY

By signing this Expression of Interest to the Company, I declare that the information provided by me is correct. I acknowledge that if any information is found to be false or misleading, or if any material fact is suppressed, I will not be considered for employment or, if the Company has already employed me when the information becomes known, my employment may be terminated.

I hereby authorize all schools and colleges that I have attended, and my former employers to provide any information they may have about me and about my performance with them. I hereby release the schools, colleges and employers from any liability or damage whatsoever for providing this information. I understand that such information may include a record of disciplinary action assessed by a previous employer and I hereby release such party from any obligation to provide me with written notification of such disclosure. I also release the Company and its employees from any liability or damage whatsoever for receiving or using this information.

I understand that this application does not and is not intended to create a contract of employment. It is expressly understood that persons hired by the Company are hired at will and that employee may be discharged, or leave employment at any time, at the discretion of the Company or the employee. It is also understood that because an employee is hired by the Company, it does not mean that the employee has a contract or implied contract with the Company. Employment and compensation may be terminated with or without cause and with or without notice, at any time, at the discretion of the Company and/or the employee.

Personal Signature of Applicant

Date