



APPLICATION FOR EMPLOYMENT

"AN EQUAL OPPORTUNITY EMPLOYER"

THIS APPLICATION WILL BE VALID FOR 12 MONTHS

Ag Com, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual preference or orientation, age (over 40), veteran status, non-job-related disability, or any other characteristics protected by law. Information provided on the application will not be used for any discriminatory purpose.

Your completed application form will be maintained in our active files for (12) months from the date on this application.

NOTICE: AG COM, INC. IS A DRUG-FREE WORKPLACE. ALL APPLICANTS WHO HAVE BEEN EXTENDED AN OFFER OF EMPLOYMENT WILL BE TESTED FOR THE USE OF ILLEGAL DRUGS.

DIRECTIONS: Please read carefully and complete by printing in ink or typing. Provide all information requested including the sections below on this page.

DATE: _____

PERSONAL INFORMATION

Name (Last, First, Middle)		Email Address	
_____		_____	
Current Address (Street, City, State, Zip)		Social Security Number	Telephone Number
_____		_____	() _____

Position(s) Applying For	Day or Night Shift	Years of Experience
_____	_____	_____

Have you ever worked for us before? If yes, when?

Date available to start:

List any friends or relatives working with us:

How were you referred to Ag Com? Advertisement, Walk-in, Friend/Relative, School, Other:

EMPLOYMENT HISTORY

SUBMISSION OF A RESUME DOES NOT REPLACE COMPLETION OF THIS SECTION

Start with last or current position, list all previous employers, including self-employment.

Attach a separate piece of paper if necessary.

Dates	Employer	Position(s)	Pay Rate	Supervisor
From	Name		Beginning	Name
To	City, State		Ending	Title

Description of Work:	Reason for Leaving:
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Description of Work:	Reason for Leaving:
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Please give a brief explanation for any gaps in employment:

Are there any shifts that you are not willing to work? Yes No

Will you work overtime, if asked? Yes No

PERSONAL REFERENCES

Please list three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying. Do not repeat names of supervisors listed above.

	Name and Occupation	Address	Phone Number
1.			
2.			
3.			

DRIVER EXPERIENCE /QUALIFICATION ANSWER QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION

*PLEASE NOTE AT BOTTOM- PLATFORM EXPERIENCE

LICENSES

Drivers Licenses held in past 3 years must be shown.	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ____ No ____
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes ____ No ____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulation? Yes ____ No ____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	From	To	Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers -LVC's				
Other				

List states operated in during last five years:

List special courses or training that will help you as a driver:

List driving awards held and who awards were presented by:

ACCIDENT REVIEW FOR THE PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

Location	Date	Charge	Penalty

PLATFORM EXPERIENCE AND QUALIFICATIONS

List types of platform experience and number of years each:

List platform equipment you can operate (lift truck, etc.):

List courses or training in platform work:

EDUCATION

School	Name & Location (City/State)	Years Attended	Course of Major	Diploma or Degree Rec'd
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE RECORD

Have you ever served in the Armed Forces? Yes No

If "Yes"- Which branch? _____

Years of Service: From _____ To _____ Rank at Discharge: _____

Job Specialization: _____ Duties: _____

Special Training: _____

SPECIAL SKILLS

If relevant, please describe word processing speed, software knowledge, and office equipment experience.

CERTIFICATIONS/DESIGNATIONS/LICENSES

Courses	Certifications	Expiration Date

GENERAL

Have you ever been convicted, pleaded guilty, or *NOLO CONTENDERE* (*no contest*) to a felony or a misdemeanor?

Yes No

If yes, please explain the details and date of conviction (if necessary, you may attach a separate sheet of paper). Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the answers and any other information on this application are true and correct, and that I understand any misrepresentation or omission of facts on my part will be justification for termination from Ag Com, Inc. if I am employed.

I hereby authorize Ag Com, Inc. to investigate my previous record of employment or educational experience to determine any and all information of concern to my record, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

I understand that nothing in this application or in the granting of an interview is intended to create a guarantee of employment, or an employment contract between Ag Com, Inc. and myself. If an employment relationship is established, I hereby understand and acknowledge: 1) That any employment relationship with Ag Com, Inc. is of an "at-will" nature, which means that I have the right to terminate my employment at any time for any reason and that Ag Com, Inc. retains the same right. 2) After discussion and reasonable notice, my hours of employment may change based on the business needs of Ag Com, Inc.

In the event that I am offered and accept a position with Ag Com, Inc., I understand that I am expected to comply with Ag Com, Inc. policies and other communications distributed to all employees. I acknowledge that Ag Com, Inc. reserves the right to amend or modify the policies in its employee handbook and other policies at any time, for any reason, without prior notice.

In consideration of my being considered for employment and/or being employed, I hereby agree to submit to physical examinations and test, including drug or alcohol tests, as may be required by Ag Com, Inc. I hereby release Ag Com, Inc. from any liability from its use of these examinations, tests or related reports in connection with my application and/or employment, or with regard to the defense of any legal action or proceeding.

Date

Signature

Printed Name

Note: If you are employed by Ag Com, Inc., you will be required to provide documentation of your identity and eligibility to work in the United States as required by Federal Law.

Applicant: Complete the release form for the former employers so that your record can be released for our use concerning your application.

FOR PERSONNEL DEPARTMENT ONLY

Interview: ____ No ____ Yes If Yes, date and time _____ By whom _____

Remarks _____

Employed: ____ No ____ Yes Date of employment _____ Department _____

Job Title _____ Hourly/Salary Rate _____

Signature & Date _____