

SABINA FARMERS EXCHANGE INC.

292 North Howard Street, P.O. Box 7, Sabina, Ohio 45169
PREMIER FEEDS - PREMIER CROP SERVICES

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

Position (s) Applied For: _____	Date of Application: _____
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How did you learn about us?

ADVERTISEMENT _____ FRIEND _____ OTHER _____

WALK-IN _____ RELATIVE _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number (s)	Social Security Number				

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
 If Yes, give date _____

Have you ever been employed with us before? YES NO
 If Yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

What type of work you are interested in: FULL TIME PART TIME PERMANENT TEMPORARY SEASONAL

What hours are you able to work:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Do you have an objection to working overtime as needed? YES NO

Are you currently on "lay-off" status and subject to recall? YES NO

Have you been convicted of a felony within the last 7 years? YES NO
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

OTHER INFORMATION

Compensation Goals:

What rate of compensation would you expect to earn with us right now?	\$ _____ per _____
What rate of compensation would you expect to be earning with us in one year?	\$ _____ per _____
What rate of compensation would you expect to be earning with us in two years?	\$ _____ per _____

List professional, trade, business or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Agricultural Experience

Other Work-Related Skills:

List Miscellaneous Certifications / Permits (CPR, Grain Grading License, etc.):

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please be sure to complete each box with the exception of those organizations just mentioned.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate / Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate / Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate / Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate / Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Work References:

(Please indicate the people we may contact regarding your previous employment performance)

Name	Telephone Number

OFFICE EXPERIENCE <small>Please check those that apply</small>		OPERATION / HAULING EXPERIENCE <small>Please circle "Yes" or "No" as applicable</small>	
<input type="checkbox"/> Windows 95 / 98	<input type="checkbox"/> Internet	Yes	No
<input type="checkbox"/> Excel	<input type="checkbox"/> E-mail	Yes	No
<input type="checkbox"/> Word	<input type="checkbox"/> Calculator	Yes	No
<input type="checkbox"/> Access	<input type="checkbox"/> Typewriter	Yes	No
<input type="checkbox"/> Summit	<input type="checkbox"/> Fax	Yes	No
<input type="checkbox"/> Real World	<input type="checkbox"/> Reception	Yes	No
			Do you have a CDL license? A or B
			Do you have any driving experience?
			Do you have chemical application experience?
			Do you have dry application experience?
			Do you have a chemical operation license?
			Do you have feed production experience?
			Do you have grain handling experience?
			Have you worked with large machinery?

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
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