



Reynolds Enterprises of Broome dba Binghamton Agway

Employment Application

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

Applicant Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Position Applying For:  Cashier  Warehouse  In Store Customer Service  Other: \_\_\_\_\_

This position involves heavy lifting, do you have any lifting limitations?  Yes  No

Have you had any previous injury or surgery to your back or neck?  Yes  No

Date Available to Start: \_\_\_\_\_ Requested # of hours per week: \_\_\_\_\_

Days & hours available: \_\_\_\_\_

Salary Requirements: \_\_\_\_\_

Have you ever been previously employed by Agway?: \_\_\_\_\_ if yes, when & where: \_\_\_\_\_

Have you ever been convicted of a felony? Record of conviction does not automatically disqualify applicant from employment consideration.  Yes  No If yes please explain: \_\_\_\_\_

Education

High School \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

Previous Employment

Name of Company \_\_\_\_\_ Position Held & Duties \_\_\_\_\_ Employment Dates \_\_\_\_\_

Wages \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Company	Position Held & Duties	Employment Dates
Wages	Name of Supervisor	Reason for Leaving
Name of Company	Position Held & Duties	Employment Dates
Wages	Name of Supervisor	Reason for Leaving
Other Training or Experience: _____		

Reference:		
Name	Phone	years known
Name	Phone	years known
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**Agway is committed to a Drug Free workplace.** Applicants may be required to pass a drug screening test as a condition of employment.

**AGWAY IS AN EQUAL OPPORTUNITY EMPLOYER:** Agway believes in providing equal opportunity for all and will not discriminate against any individual on the basis on race, color, religion, sec, national origin, age, disability or veteran’s status.

**All applications kept on file for 30 days.**

I certify that the information on this application is true and correct to the best of my knowledge and I understand that any misrepresentation or omission of fact shall be cause for disqualification for employment or dismissal from employment. I hereby authorize an investigation of statements contained in the application and release from all liability and claims all persons and companies supplying information. I understand that my employment with the company would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or the company my terminate my employment at any time for any reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date