

FARM ~ FAMILY ~ TRADITION

Employment Application

APPLIC	CANT INF	ORMATIC	N									
Last Nam	ne				First					M.I.	Date	
Street Ac	ldress									Apartment/L	Jnit #	
City					State					ZIP		
Phone					E-mail	Address			-			
Date Ava	ilable				·				Desir	ed Pay		
Position /	Applied for											
Type of E	Employmen	t desired?		Full-time		Part time		(Specify H	Hours))		
If you are	e under the	age of 18,	can you pro	duce the nec	essary wor	k certificate	at the	time of en	nployr	ment? YES	NC	
Are you a	authorized t	to work in th	e U.S.?	YES	NO 🗆							
Have you ever worked for this company? YES NO If so, when?												
Have you ever been convicted of a felony? YES \(\square\) NO \(\square\) If yes, explain												
	ants: Do no program.	ot include co	nvictions th	at were seale	d, annulled	by a court	, or ex	punged, or	convi	ictions that r	esulted	in referral to a
		l quilty or no	contest to	or been con	victed of a	ny criminal	offense	other that	n traff	fic related of	fences?	
riave you	a ever piede	guilty of the	contest to,	YES	NO	iy cilillinar	JITCHSC	outer that	ii daii	ne related of	icriscs:	
				ed Yes to abo		n, provide t	ne date	es(s) and e	explain	n in accordan	ice with	the above
the natu	are of the nces, the t	crime, its s time elapse	eriousnessed since the	s, the subst	antial rela applican	tion to the t's entire v	e posit vork a	tion's fund and educa	ction: itiona	s and quali al history, e	ficatior	pany will consider is, the number of ment references
EDUCA	TION				I							
High Sch	ool		I		Address							
Did you	graduate?	YES	NO 🗆	Degree								
College					Address							
Did you	graduate?	YES	NO 🗆	Degree								
Other					Address							
Did you	graduate?	YES	NO 🗆	Degree								

REFERENCES							
Please list three professional referen	nces. (No Family Mem	nbers)					
Full Name			Title				
Company			Phone				
Address							
Full Name			Title				
Company			Phone				
Address							
Full Name			Title				
Company			Phone				
Address			<u>'</u>				
PREVIOUS EMPLOYMENT							
Company			Phone				
Address	Supervisor						
Job Title		Starting Pay	\$	Ending Pay	\$		
Responsibilities							
From To	Reason for Leaving						
May we contact your previous super							
Company			Phone				
Address			Supervisor				
Job Title		Starting Pay	\$	Ending Pay	\$		
Responsibilities							
From To	Reason for Leaving						
May we contact your previous super	visor for a reference?	YES 🗆	NO 🗆				
Company			Phone				
Address Supervisor							
Job Title		Starting Pay	\$	Ending Pay	\$		
Responsibilities							
From To	Reason for Leaving						
May we contact your previous super	visor for a reference?	YES 🗆	NO 🗆				
Have you ever been terminated or a	sked to resign from a	nny job?	YES 🗌 1	10 <u> </u>			
Has your employment ever been ter	minated by mutual ag	greement?	YES	NO 🗆			
Have you ever been given the choice	e to resign rather tha	n be terminated?	YES 🗌	NO 🗌			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination of employment.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered employment, I understand that if a preemployment drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstance, my personal property.

I understand and agree that as condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I authorize the Company or its agents to confirm all statement contained in this application and/or resume as if relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the Unites States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the Unites States.

This company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement—express or implied—with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the president of the company.

This company is an Equal Opportunity Employer. The Company provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, genetics and any other protected class in accordance with Federal, State or Local law. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment

Signature	Date
applicants parent or legal guardian constitutes acknowledge	d consent must be signed by the applicant's parent or legal guardian. Signature by the owledgement by the applicant and the parent or legal guardian that the Company, to the n test the applicant for illegal or controlled substances, conduct inspections of property
without notice, and communicate test results to Com	npany personnel who need to know, the applicant, and the applicants legal guardian.
without notice, and communicate test results to Com- Parent/Legal Guardian	



<u>Authorization for Criminal Background Check</u>

(Please read and sign this form in the space provided below. Your written authorization is necessary for the completion of the application process.) ______, hereby authorize Brubaker Grain & Chemical, Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Brubaker Grain & Chemical, Inc. will utilize an outside firm or firms of its choice to assist it in checking such information, and I specifically authorize such an investigation. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further. Signature of Applicant Date Applicant's Name-Printed Applicant's Social Security Number

Applicant's Street Address/City/State/Zip Code (Physical location, no post office box please)