



"Working with you"

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary	Referred By	
Employment Desired	(Check all that apply)	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Position Applied for		Position ID#	
How did you hear about this position?	Company Website _____ Currently Employee _____	Craigslist _____ Outside Referral _____	Facebook _____ Local Paper (Which One) _____ Other _____
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you legally eligible to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	(If offered employment you will be required to provide documentation to verify eligibility.)

EDUCATION			
High School	Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and authorize All American Co-op to verify their accuracy and to obtain reference information on my work performance.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that any employment offered is at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I hereby give my consent for All American Co-op through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol or controlled substances in accordance to US Department of Transportation Drug & Alcohol Rules and/or All American Co-op policies. I hereby release All American Co-op from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized All American Co-op management for appropriate review.

If I am accepted for employment by All American Co-op I hereby consent to be tested in the above manner during my employment when, in the determination of a supervisor trained in whether reasonable suspicion exists, or to require me as a driver to undergo drug and/or alcohol testing under §382.307.

Signature	Date
-----------	------