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| **APPLICATION FOR EMPLOYMENT** |
| In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. |
|  |
| Name: SSN: **- -** |
|  First M.I. Last |
| Current Address:  |
|  Street City State ZIP |
| Contact: ( ) **-** ( ) **-**   |
|  Home Phone Mobile Phone Email |
| Previous Addresses: |
|  Street City State ZIP |
|  Street City State ZIP |
| Referred By: |
| **Education** |
|  Name Last Year Did you Degree/Course of Study Completed Graduate?  |
| High School: 1 2 3 4 Yes No |
| College/Univ.: 1 2 3 4 Yes No |
| Other: 1 2 3 4 Yes No |
| List specialized training or machinery experience you have: |
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| **Activities, Offices, etc.** |
| List professional trade, business or civic activities and offices held. (You may exclude any membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.) |
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| **Previous Employment** |
| Company: Job Title: Phone: |
|  |
| Address Dates of Employment: |
|  |
| Company: Job Title: Phone: |
|  |
| Address Dates of Employment: |
|  |
| Company: Job Title: Phone: |
|  |
| Address Dates of Employment: |
|  |
| **References** |
| Name: Relationship: Phone: |
| Name: Relationship: Phone: |
| Name: Relationship: Phone: |

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize an inquiry which may provide information background concerning my character, general reputation, and past work performance. I hereby authorize the company to inquire, and also authorize and request each former employer, educational institution, persons, credit bureaus, governmental and law enforcement agencies to answer all questions which may be legally asked and to release all information which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. I further understand that only the president of the company or another person specifically authorized by board resolution has the authority to create or enter into any employment contract on behalf of the company.

I hereby grant my permission to Dearwester Grain Services, Inc to use photographs and/or video taken of me (and/or my property) for use in any and all media worldwide including online, now or hereafter known, and for any purpose whatsoever. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

If hired, I agree to comply with all the rules, regulations and employment policies of Dearwester Grain Services, Inc.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CONSENT TO TEST FOR ILLEGAL DRUGS**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my consent to Dearwester Grain Services, Inc and its agents or independent contractors, to perform appropriate tests or examinations on me for illegal drugs, and/or other pre-employment tests, and the results of these tests or examinations to be released to Dearwester Grain Services, Inc. for whatever use it deems fair and appropriate under the circumstances.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_