

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Indicate the type of employment desired:

Full time Part-Time Seasonal

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

Have you previously worked at this company? _____

When would you would you be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Computer:

Languages Spoken (other than English):

Other Skills:

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ **Date** _____

Last Name: _____ First Name: _____ Middle Initial: _____

DRIVER AND MECHANIC APPLICANTS ONLY

Driving Record - List all licenses (Driver Applicants Only)

State	Number	Type	Expiration Date

Has license, permit or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes No

If yes, When? Why? _____

Where? _____

Violation/Accident Record - List all the accidents or violations in which you have been involved in the last 3 yrs (Driver Applicants Only)

Date	City and State	Nature of Accident/Violation	Preventable or Non-Preventable	Number of Injuries/Fatalities

Driving Experience (Driving Applicants Only)

<input type="checkbox"/> Straight Truck _____ yrs of experience	<input type="checkbox"/> Doubles _____ yrs of experience
<input type="checkbox"/> Tractor-trailer _____ yrs of experience	<input type="checkbox"/> Other _____ yrs of experience

Indicate any safe driving awards you have received and from whom

Platform Experience (All Applicants)

Have you operated a fork lift? Yes No _____ yrs of experience

Mechanic Experience (Mechanic Applicants Only)

Are you ASE Certified? Yes No

If yes, in what areas? _____

Last Name: _____ First Name: _____ Middle Initial: _____

SUPPLEMENT TO EMPLOYMENT APPLICATION

EMPLOYMENT AT WILL

Your employment with MaxYield Cooperative is at-will, unless otherwise altered through an individual contract that is in writing and signed by the CEO or President of MaxYield Cooperative. You are free to resign at any time. Similarly MaxYield Cooperative is free to conclude the employment relationship at any time.

No officer, supervisor, or employee, other than the CEO or President of MaxYield Cooperative has/have the authority to promise or create any substantive terms or conditions of employment different from those stated in any written policies and/or applicable agreement or contract. Any substantive change to the terms or conditions of your employment must be in writing signed by the CEO or President of MaxYield Cooperative.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

MaxYield Cooperative (MY Co-op) prohibits, forbids, and does not tolerate discrimination against anyone on the basis of race, color, religion, sex, age, national origin, veteran status, or disability. All employees, managers, supervisors, and job applicants are guaranteed the same employment opportunities. No person or employee, no matter his or her title or position, has the authority, whether expressed, actual, apparent or implied, to discriminate against another employee of MY Co-op.

MY Co-op will not discriminate against any employee, manager, supervisor, or applicant on the basis of race, color, religion, sex, age, national origin, veteran status, or disability. MY Co-op supervisors and/or managers will make all recruitment, placement, selection, training and layoff decisions based solely on job-related qualifications and abilities without regard to race, color, religion, sex, age, national origin, veteran status, or disability.

MY Co-op will administer and conduct all personnel procedures including compensation, benefits, discipline, training, recreational and social activities, and safety and health programs without regard to an individual's race, color, religion, sex, age, national origin, veteran status, or disability.

MY Co-op prohibits verbal, physical, or visual conduct that belittles or demeans any individual on the basis of race, color, religion, sex, age, national origin, veteran status, or disability.

Last Name: _____ First Name: _____ Middle Initial: _____

Procedure for Reporting Discrimination:

If you have any questions, problems, or complaints regarding a violation of this policy, or discrimination in general, you must communicate your concerns to your immediate supervisor or the CEO or Board President. If you feel uncomfortable doing so, or if your supervisor is the source of the problem, condones the problem, or ignores the problem, report to the CEO or Board President.

If neither of these alternatives are satisfactory to you, then you can direct your questions, problems, complaints, or reports to Jim Gilliam, Attorney, Brown, Winnick, & Graves at 515-242-2415. You are not required to directly confront the person who is the source of your report, question, or complaint before notifying any of those individuals listed.

IMPORTANT NOTE: This policy should not be considered an affirmative action policy or plan. For more information on affirmative action policies and plans, you should contact your local attorney.

This Supplement to the Application for Employment must be included with all Applications for Employment.

Last Name: _____ First Name: _____ Middle Initial: _____



Disclosure and Authorization Release

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports, driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended. Before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your rights Under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **MaxYield Cooperative** to obtain a consumer report and /or investigative consumer report which may include the following:

1. My employment records
2. Records concerning any driving, criminal history, credit history, civil record, worker's compensation (post offer), social security verification, alcohol and drug testing.
3. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that disclosed matters in accordance with this authorization, as well as **MaxYield Cooperative** from liability that might otherwise result from the request for use of an/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided the proper identification.

I hereby authorize **MaxYield Cooperative** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Applicants Full Name

(please print clearly) ***Please disclose any other names you have used along with prior addresses, during the last 5 years, on the reverse side of this form.

Address _____

Applicants Signature _____

Date _____

Social Security # _____

Drivers License # _____

Date of Birth _____