

OFFICE USE ONLY

Freeborn Mower Cooperative Services Application for Employment

Freeborn Mower Cooperative Services (FMCS) is an equal opportunity employer.
No information provided here will be used in an unlawful manner.

Instructions:

1. Complete in your own handwriting, using black ink.
2. Answer all questions. Your application will not be considered if incomplete.
3. Read and sign Page 4.
4. Mail to: Freeborn Mower Cooperative Services Fax to: 507-377-7145
 2501 Main St. East
 P.O. Box 611
 Albert Lea MN 56007-0611

Position Applied for:

GENERAL INFORMATION

| | | |
|-------------------|------------------------------|------------------------------|
| Last Name | First Name | Middle Name |
| Mailing Address | City | State Zip Code |
| Home Phone Number | Cell Phone Number (Optional) | Work Phone Number (Optional) |

- Yes No Are you under the age of 18?
- Yes No Do you have a valid driver's license? (A valid driver's license is a job-related requirement of some positions at Freeborn Mower Cooperative Services.)
- Yes No Are you related by blood or marriage to any of the following persons: an employee of Freeborn Mower Cooperative Services or a member of the Freeborn Mower Cooperative Services Board of Directors?
- If the answer is "yes," state the name(s), relationship(s), and position(s) held by the person(s) to whom you are related.
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- Yes No Are you legally eligible for employment in the United States? You will be required as a part of the application process to provide any employment eligibility verification mandated by the federal government.
- Yes No Have you ever been employed by Freeborn Mower Cooperative Services? If yes, provide dates of employment.
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- Yes No Were you referred by a current Freeborn Mower Cooperative Services employee for this position? If yes, provide the employee's name.
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EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Use the **Other Information** section (page 3) to complete your employment history if necessary.

| | | |
|----------------------------|----------------------------|------------------|
| Employer Name and Address: | Job Title: | |
| | Describe the work you did: | |
| | | |
| Phone Number: | | |
| Type of Business: | | |
| Starting Salary: | From: (month/year) | To: (month/year) |
| Ending Salary: | Reason for Leaving: | |
| Name of Supervisor: | | |
| Supervisor's Phone Number: | | |

| | | |
|----------------------------|----------------------------|------------------|
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| Type of Business: | | |
| Starting Salary: | From: (month/year) | To: (month/year) |
| Ending Salary: | Reason for Leaving: | |
| Name of Supervisor: | | |
| Supervisor's Phone Number: | | |

May we contact the employers listed above? Yes No

If no, indicate which employer(s) we should not contact:

EDUCATION AND TRAINING

Indicate all schools that you have attended.

| | High School | Vocational/Technical | College/University | Graduate School |
|--|-------------|----------------------|--------------------|-----------------|
| School Name and Address | | | | |
| Circle Last Year Completed | 9 10 11 12 | 13 14 | 13 14 15 16 | 17 18 19 20 |
| Diploma/Degree and Year Graduated | | | | |
| Major Course(s) of Study | | | | |
| Other Post High School Courses Completed | | | | |

SPECIALIZED TRAINING OR SKILLS: List current typing speed, personal computer training, computer literacy, welding certification, special licenses (e.g., CDL), etc., that you possess that pertain to the position for which you are applying.

SERVICE IN THE ARMED FORCES

| | |
|---|---|
| From: _____ / _____ / _____ Month Day Year | To: _____ / _____ / _____ Month Day Year |
|---|---|

Branch of Armed Forces:

General Duties/Training:

OTHER INFORMATION

APPLICANT AUTHORIZATION (Read carefully and initial each paragraph before signing.)

_____ I certify that the facts contained in this application and/or resume for employment at Freeborn Mower Cooperative Services are true and complete to the best of my knowledge. I understand that any misrepresentations, falsifications, and/or deliberate omissions identified now or in the future will result in my immediate dismissal.

_____ I authorize investigation of all statements herein. I also authorize by my signature below or a copy thereof, the organizations and individuals referred to herein to furnish information to the Cooperative. The Cooperative shall be held harmless should it, in processing this employment application, rely on information provided from these sources, even if the information provided is inaccurate or erroneous.

_____ I understand that as a part of being considered for employment by Freeborn Mower Cooperative Services, I will be required to undergo a physical examination which will include urine testing for drugs. (Certain positions also require testing for alcohol.)

_____ Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive, is intended to create an employment contract between Freeborn Mower Cooperative Services and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Cooperative. If an employment relationship is established, I understand my employment is at-will. I understand that I have a right to terminate my employment at any time, for any reason, for no reason, and Freeborn Mower Cooperative Services retains a similar right regarding the discontinuation of my employment subject only to the terms of a collective bargaining agreement, if one applies, and to the full extent permitted by law.

Signed:

Date:



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www.fmcs.coop