

Application For Employment

Is there any circumstance that you know of that would prevent you from working standard operating hours?
(varies per location: 7am - 7pm, Monday - Saturday)

WORK HISTORY- Start with your current or most recent job

Employer (1)			
From(mo/yr)	Company	Telephone	Starting Salary
To(mo/yr)	Address State	City	Final Salary
Supervisor's Name/Title/Phone		Type of Industry	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer (2)			
From(mo/yr)	Company	Telephone	Starting Salary
To(mo/yr)	Address	City	State Final Salary \$
Supervisor's Name/Title/Phone		Type of Industry	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

Employer (3)			
From(mo/yr)	Company	Telephone	Starting Salary
To(mo/yr)	Address	City	State Final Salary \$
Supervisor's Name/Title/Phone		Type of Industry	
Your Position/Title		Responsibilities/Duties	
Specific Reason for Leaving			

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Employer (4)			
From(mo/yr)	Company	Telephone	Starting Salary
To(mo/yr)	Address	City	State
Supervisor's Name/Title/Phone			Final Salary \$
Your Position/Title		Type of Industry	
Responsibilities/Duties		Specific Reason for Leaving	

Educational Data																					
Circle Highest Grade Completed																					
1	2	3	4	5	6	7	8	9	10	11	12	GED	1	2	3	4	5	1	2	3	4
Grade, Junior High, or High School												College or University				Graduate School					
Type of School		Name of School				Location				Major Subject or Course of Study				Did you Graduate?							
High School																					
College																					
Grad School																					
Technical School																					
Other (Specify)																					

Please list Degrees and Special Achievements

Special Skills
<p>What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can operate proficiently.</p>

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Recruitment Survey				
This information is for recruitment purposes only. We request that you complete this survey, but your participation is voluntary. Thank you for your consideration and cooperation. How did you hear about this employment opportunity? <i>(check all that apply)</i>				
	Employee		Walk-In	Relative / Friend
	Online Ad	Which website?		
	Other:			
If referred by a current Agri-Supply/ Direct Distributors Employee, please list employee's name:				

Affidavit	
<p>I authorize, without liability, investigation of all statements in this application.</p> <p>I authorize all schools which I attended and all previous employers to furnish to Direct Distributors/ Agri Supply my record, reason for leaving and all information they may have concerning me, and hereby release them and Direct Distributors/ Agri Supply from all liability for any damage whatsoever arising therefrom.</p> <p>I understand that in the event of my employment by Direct Distributors/ Agri Supply it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Direct Distributors/ Agri Supply, I agree to abide by all present and subsequently issued rules of the Company.</p> <p>If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of Direct Distributors/ Agri Supply. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of Direct Distributors/ Agri Supply has the authority to commit to any definite term of employment or alter the at-will employment agreement. By typing my name and the date below, I am electronically signing and bound to all statements made on this online application.</p> <p>I confirm all information submitted is accurate to the best of my ability. I acknowledge that there will be additional paperwork for me to complete and sign should I be asked in for an interview. I am providing my email address for a copy of my completed application to be sent to me.</p>	
Sign your full legal name	Date: (Ex 5/24/2019)