



Equal Opportunity Employer: It is the continuing policy of Cedar Country Cooperative, herein referred to as "the company," to extend equal employment opportunities to all qualified persons in all occupations and for all levels of occupations without regard to race, religion, color, national origin, sex, age, veteran status, or other protected classes as defined by law.

| PERSONAL | | | | | | |
|---|---|---|---|--|---|--|
| Name (Last, First, MI) | | | | Social Security Number | | |
| Present Address (Street, City, State, Zip) | | | | | | How long? |
| Former Address Or Other Address If Different (Street, City, State, Zip) | | | | | | How Long? |
| Telephone Number | | Alternate Phone Number | | Are You At Least 18 Years Of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Job Applying For? | | Rate Of Pay Desired? | | Referred By | | |
| Date You Can Start? | | Are You Presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Interested In Part-Time Or Full-Time? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time | | |
| Are You Available to Work: | | | | | | |
| Evenings | Weekends | Overtime | Holidays | On Call | Other Locations | Approximate Hours Per Week Preferred |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Availability: What hours are you available each day? | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | | | | | | |
| List Any Friends Or Relatives Working For This Company (Name, Location, Relationship) | | | | | | |
| Have You Ever Worked For This Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When And Where? | | | | | | |
| The information supplied on criminal or credit records will not necessarily bar an applicant from consideration for employment; however, discrepancies as to the existence or exact nature as reported by you and the records may result in denial or termination of employment at any time. Factors such as the nature of the information, time period, seriousness of problems and explanations will be considered as they relate to the job. | | | | | | |
| Have You Ever Been Convicted Of A Crime? (Other Than Minor Traffic Violations Or Misdemeanors) <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | | | | | | |
| Will Your Credit History Reflect Positive Personal Financial Responsibility? If Not, Why Should This Be Disregarded By The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reason: | | | | | | |
| EDUCATION | | | | | | |
| Name And Address | | | | | | Graduated |
| Grammar Or Grade | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High School/GED | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College/Other | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ACTIVITY RECORD

List all periods of part or full-time employment, self-employment, student periods, services to any institution or U.S. Government or other primary activity for the past 10 years. Please list in chronological order starting with current or most recent.

| | | | | | | | |
|---|---|------|----|----------------------------------|-----|---|-----------------------------|
| 1 | Company Name/Institution/Other | | | Type Of Business/School/Activity | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Avg. Hours Worked Per Week |
| | Address | | | | | Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | |
| | Dates of Employment | From | To | Start \$ | Per | Final Salary \$ | Per |
| | Your Position Or Title | | | Person To Whom You Reported | | Current Telephone Number | |
| | Briefly Describe Your Duties And Responsibilities | | | | | Reason For Leaving | |
| 2 | Company Name/Institution/Other | | | Type Of Business/School/Activity | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Avg. Hours Worked Per Week |
| | Address | | | | | Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | |
| | Dates of Employment | From | To | Start \$ | Per | Final Salary \$ | Per |
| | Your Position Or Title | | | Person To Whom You Reported | | Current Telephone Number | |
| | Briefly Describe Your Duties And Responsibilities | | | | | Reason For Leaving | |
| 3 | Company Name/Institution/Other | | | Type Of Business/School/Activity | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Avg. Hours Worked Per Week |
| | Address | | | | | Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | |
| | Dates of Employment | From | To | Start \$ | Per | Final Salary \$ | Per |
| | Your Position Or Title | | | Person To Whom You Reported | | Current Telephone Number | |
| | Briefly Describe Your Duties And Responsibilities | | | | | Reason For Leaving | |
| 4 | Company Name/Institution/Other | | | Type Of Business/School/Activity | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Avg. Hours Worked Per Week: |
| | Address | | | | | Will Reference Be Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | |
| | Dates of Employment | From | To | Start \$ | Per | Final Salary \$ | Per |
| | Your Position Or Title | | | Person To Whom You Reported | | Current Telephone Number | |
| | Briefly Describe Your Duties And Responsibilities | | | | | Reason For Leaving | |

Please list any other experience, training or skills you have that you feel could apply to a position here.

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| Applicant's Signature X | Date |
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DISCLOSURE NOTICE

Pursuant to Sec. 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA), you are hereby advised that a copy of your consumer credit report will be obtained from a Consumer Reporting Agency (CRA) for review by Menomonie Farmers Union.

In accordance with the FCRA, employers are entitled to obtain consumer credit reports for employment purposes only. Information from consumer reports will not be used in violation of any federal or state equal employment opportunity law or regulations.

CONSENT FROM APPLICANT/EMPLOYEE

In accordance with provision set forth in Section 604(b)(2)(B) of the Fair Credit Reporting Act, I, _____ hereby grant Menomonie Farmers Union and/or its representative, permission to obtain a copy of my consumer credit report.

I authorize this company and its representatives to conduct any investigations it deems necessary to evaluate my qualifications for employment. I authorize any former employer, present employer, school, individual, corporation, finance or credit agency, state or local agency to provide any information they may have concerning my background, and I release all parties from all liability resulting from the furnishing of this information.

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| Applicant's Signature X | Date |
|--------------------------------|------|

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy Menomonie Farmers Union, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

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| Applicant's Signature X | Date |
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