



APPLICATION FOR EMPLOYMENT

Discount Grain Systems

PO Box 231, East Hwy. 12, Atwater, MN 56209

Phone: 320-974-3200 / Fax: 320-974-3201

E-mail: discountgrain@frontiernet.net

www.discountgrain.com

Discount Grain Systems is an equal opportunity employer



PERSONAL INFORMATION

(PLEASE PRINT)

Position(s) applied for: _____ Date of application: _____

Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Social Security Number: _____ Drivers License Number: _____

In case of emergency notify: _____ Telephone: _____

How did you hear about us? Advertisement Friend Walk-in

Employment Agency Relative Other: _____

Are you 18 years or older? Yes No

Have you even been employed with us before? Yes No Dates: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Current employers name: _____

Current supervisors name: _____ Phone: _____

On what date would you be available for work? _____

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have any health problems that would prevent you from doing certain types of manual labor? _____ If yes, explain: _____

Are you able to lift 75 lbs? Yes No

Do you have any experience in any of the following areas? **(check ALL that apply)**

Grain handling experience Grain storage equipment Concrete work Millwright Welding

Heavy equipment operator General construction Supervisory position Mechanical

REFERENCES

Give name, address and phone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may include organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. **List most current job first.**

Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for leaving			
Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for leaving			
Employer	Dates Employed		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for leaving			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills/qualifications acquired from employment or other experience.

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that any offer of employment is contingent on the results of pre-employment drug testing.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of employment _____

Job Title _____

Hourly Rate/Salary _____ Department _____

By (Name and Title) _____

Date _____



Discount Grain Systems
PO Box 231, East Hwy. 12, Atwater, MN 56209
Phone: 320-974-3200 / Fax: 320-974-3201
E-mail: discountgrain@frontiernet.net
www.discountgrain.com
Discount Grain Systems is an equal opportunity employer

