



YOU MUST FOLLOW THESE INSTRUCTIONS TO SUBMIT YOUR APPLICATION.

Failure to complete these instructions as listed will result in your application either failed to be delivered or delivered incomplete.

In order to properly submit this PDF form, use Adobe Reader or Acrobat 8.0 or greater. You can download the latest Adobe Reader from here: <http://get.adobe.com/reader/>

If you use any other PDF viewer field validation (required, character limits, min/max, etc) and formatting may not work correctly.

- **Save the completed application to your computer.** Once you complete the application press "Save As" and rename your file. Then save it to a location on your computer where you can easily find it to attach to your email.
- **Open your email program.** Create a new message to **jobs@allied.coop**. Please feel free to write a cover letter in your email, then attach your application to the email.
- Ensure there is a subject entered in the **"Subject Line"**. Your application will appear to have been delivered but it will not be accepted by the Allied Cooperative® email server without a subject!
- **Send your email message.**
Your message will be delivered to email account jobs@allied.coop.
- **If your computer is not compatible with Adobe Acrobat 8.0 or greater**, print this application, complete, sign, and then mail or fax to:
Allied Cooperative
Attn: Human Resources
540 South Main Street
P.O. Box 729
Adams, WI 53910
Fax: 608-339-7068
- **You can also deliver your application to any of our Allied Cooperative locations.**
See our website at www.allied.coop for location addresses.

Application for Employment



Allied Cooperative® P.O. Box 729 • 540 S Main St. Adams, WI 53910 • Phone: (608) 339-3394

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PERSONAL INFORMATION (please print clearly)

| | | | |
|--|---|--|--|
| Legal Name: (Last) | (First) | (Middle) | Date of Application: |
| Current Address: | P.O. Box: | Position Applying For: | |
| City: | State: | Zip: | Location Desired: |
| Previous Address: <small>(if less than two years at current address)</small> | P.O. Box: | Date Available for Work: | Desired Salary Range: |
| City: | State: | Zip: | Type of Employment Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |
| Phone: | Cell: | <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-op | |
| Email: | Have you been employed at Allied Cooperative before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Work: | Contact you at work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, date and position(s): |
| Do you have a valid driver's license? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| License #: | State: | Do you have a relative(s) employed at Allied Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, date of birth? | | If yes, name(s)/relationship? |
| If no, do you currently have a work permit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Referral Source: (How did you hear about us?) |

Answering "Yes" to the following questions does not constitute an automatic bar to employment

Have you ever pled 'guilty' or 'no contest' to, or been convicted of a crime? Yes No If yes, provide date(s) and details:

EMPLOYMENT HISTORY (starting with your most recent employer, provide the following information)

| | | |
|--|---|--|
| A) Name of Employer: | Phone: | Dates employed : _____ to _____ |
| Job Title: | | Starting Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ |
| Work performed/Job responsibilities: | | Commission/Bonus/Other Compensation: |
| Immediate Supervisor/Title: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | \$ _____ |
| What did you like most about your position? | | Ending Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ |
| What did you like least about your position? | | Commission/Bonus/Other Compensation: |
| Reason for leaving? | | \$ _____ |
| B) Name of Employer: | Phone: | Dates employed : _____ to _____ |
| Job Title: | | Starting Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ |
| Work performed/Job responsibilities: | | Commission/Bonus/Other Compensation: |
| Immediate Supervisor/Title: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| What did you like most about your position? | | Ending Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ |
| What did you like least about your position? | | Commission/Bonus/Other Compensation: |
| Reason for leaving? | | \$ _____ |
| C) Name of Employer: | Phone: | Dates employed : _____ to _____ |
| Job Title: | | Starting Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ |
| Work performed/Job responsibilities: | | Commission/Bonus/Other Compensation: |
| Immediate Supervisor/Title: | May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| What did you like most about your position? | | Ending Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ |
| What did you like least about your position? | | Commission/Bonus/Other Compensation: |
| Reason for leaving? | | \$ _____ |

SKILLS and QUALIFICATIONS (please print clearly)

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (check appropriate boxes. Include software titles and years of experience):

| | | | |
|--|--------------|-----------------------------------|--------------|
| <input type="checkbox"/> Word Processing | Years: _____ | <input type="checkbox"/> E-mail | Years: _____ |
| <input type="checkbox"/> Spreadsheet | Years: _____ | <input type="checkbox"/> Internet | Years: _____ |

General Skills: (list equipment/machines you are trained to operate. ie. forklift, skid steer, tractor, etc.)

EDUCATIONAL BACKGROUND

| SCHOOL | NAME AND LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATED | DETAILS |
|-----------------------------|-------------------|-----------------|-----------------|--|---------|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or Technical School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

REFERENCES (list name and phone number of three business, work or school references who are *not* related to you and are *not* previous supervisors)

| NAME | ADDRESS | RELATIONSHIP TO YOU | PHONE | YEARS KNOWN |
|------|---------|---------------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SUBMIT UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms in the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____

DIGITAL SIGNATURES NOT AVAILABLE. YOU WILL BE ASKED TO PROVIDE A SIGNATURE AT TIME OF INTERVIEW.

FOR OFFICE USE ONLY (do not write below this line)

| INTERVIEWED BY | HIRED | DATE | NOTES |
|----------------|--|------|-------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |