

# Concord Feed & Fuel, Inc.

Concord Feed • Brickyard Building Materials • Action Pet



## Application for Employment

*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 or Human Resources.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Issue State: \_\_\_\_\_

Classification: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Are you over the age of 18? \_\_\_Yes \_\_\_No (If under 18 yrs. of age, you may need a work permit)

Are you legally eligible for employment in the United States? \_\_\_Yes \_\_\_No

Position Applying for: \_\_\_\_\_ (Circle One) Full-Time Part/Time (less than 30hrs/wk.)

Availability to start work (If job is offered) \_\_\_\_\_

### Education:

High School Graduate \_\_\_Yes \_\_\_No (Circle One) Diploma GED Name of

HighSchool \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ College/Technical

School(s) List *Most Recent First*:

Name of College/Technical School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree/Certificate or number of years attended: \_\_\_\_\_

Name of College/Technical School: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree/Certificate \_\_\_\_\_



Name of College/Technical School: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Degree/Certificate \_\_\_\_\_

**Employment History:**

Do you currently have a job? \_\_\_ Yes \_\_\_ No If Yes, may we contact your employer? \_\_\_ Yes \_\_\_ No *(List the last 3 places of employment and dates beginning with your most recent position)*

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**From: (date)** \_\_\_\_\_ **To: (date)** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Brief description of duties:**

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**What did you like about this position?**

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**What did you dislike about this position?**

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**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**From: (date)** \_\_\_\_\_ **To: (date)** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Brief description of duties:**

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What did you like about this position?

What did you dislike about this position?

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

From: (date) \_\_\_\_\_ To: (date) \_\_\_\_\_ Position Held: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Brief description of duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like about this position?

What did you dislike about this position?

\_\_\_\_\_  
\_\_\_\_\_

Military/Armed Forces Service:

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Discharge Status: Honorable: \_\_\_\_\_ Other \_\_\_\_\_

General Information:

Do you have reliable Transportation? \_\_\_ Yes \_\_\_ No

Have you ever operated the following equipment/computer programs? (Circle all that apply)

- |                  |                   |             |
|------------------|-------------------|-------------|
| Cash             | Word              | Fork Lift   |
| Register         | Fax               | Loader      |
| Price Gun        | Copier            | Hay Squeeze |
| Multi Line Phone | Document Scanning | Roto-Mixer  |
| Excel            | Google Email/Docs |             |



What attracted you to this company?

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What is your definition of teamwork?

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Briefly describe an accomplishment you are proud of:

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Briefly describe a time when you took the first step towards making something better:

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How would your previous experiences help you here?

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References:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**AFFIDAVIT:** I certify that the information included on this form is true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and if employed, would be cause for my termination. I understand that this application remains current for only 30 days. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character, and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information. Furthermore, I understand that employment with the company is not for a specific term and is at the mutual consent of the employee and the company. Accordingly, either the employee or the company can terminate the employment relationship at will, with or without cause at any time.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

As a precursor to your employment, you agree to provide your employer with the appropriate documentation under the rules of the Federal Immigration and Naturalization Act.



**Equal Employment Opportunity Data *To be completed by applicant:***

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment reporting purposes, and it will not become part of your personnel record if you are hired by this company.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Sex:  Male  Female  Choose not to identify

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino
- White (Not Hispanic or Latino)
- Native Hawaiian or another Pacific Islander
- Choose not to identify

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Choose not to identify
- Individual with a Disability

**To be completed by employer:**

EEO-1 Category:

- |   |  |
|---|--|
| <input type="checkbox"/> 1a. Executive/Senior Level Officials | <input type="checkbox"/> 5. Administrative Support Workers |
| <input type="checkbox"/> 1b. First/Mid-Level Officials        | <input type="checkbox"/> 6. Craft workers and managers     |
| <input type="checkbox"/> 2. Professionals                     | <input type="checkbox"/> 7. Operatives and managers        |
| <input type="checkbox"/> 3. Technicians                       | <input type="checkbox"/> 8. Laborers and helpers           |
| <input type="checkbox"/> 4. Sales Workers                     |  |

Employer information completed by: \_\_\_\_\_ Name Date