



# Concord Feed & Fuel, Inc.

An Equal Opportunity Employer

## Employment Application

(Application must be completed even if attaching a personal resume)

PERSONAL INFORMATION (please print or type)			Date:
Name: Last	First	Middle Initial	Phone number: ( )
Address: Street Number and Name	City	State	Zip Code
Permanent Forwarding Address: (if different from above)			Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License Number:			If under the age of 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Position Applying For:			State Issued:
Email Address:		Date available to start:	
<p><b>How did you hear about the opportunity at Concord Feed &amp; Fuel, Inc.?</b></p> <p> <input type="checkbox"/> Internet Ad*              <input type="checkbox"/> Print Ad*              <input type="checkbox"/> Agency*              <input type="checkbox"/> Employee Referral*  <input type="checkbox"/> Walk-In              <input type="checkbox"/> Re-Hire              <input type="checkbox"/> Other*         </p> <p>*Please specify here _____</p> <p><b>Type of employment:</b> (Please check all boxes that apply)</p> <p> <input type="checkbox"/> Full-Time              <input type="checkbox"/> Part-Time (less than 30 hrs/wk)              <input type="checkbox"/> Temporary              <input type="checkbox"/> Contract         </p>			
Can you submit verification of your legal right to work in the United States within 3 days of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever previously:  Applied for work at Concord Feed & Fuel, Inc.?  Worked at Concord Feed & Fuel, Inc.?

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

Dates: \_\_\_\_\_

If you've worked at Concord Feed & Fuel, Inc, please describe when and why you left: \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you able to perform the essential functions of the job for which you are applying?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

If you have ever worked or earned degrees under another name, please list below:

**Name:** Last First Middle Initial **Dates:** from to

### EDUCATION AND TRAINING

Indicate Last Level of Education Completed

High School  1  2  3  4 College University  1  2  3  4 Grad School  1  2  3  4

Education	Name and Location (City, State & Country)	GPA	Did You Graduate?	Major & Minor	Degree Earned
High School					
College or University					
Graduate School					
Business/ Vocational					

Special Training  
or Certifications

Office Skills
Technical or Language Skills
<b>MILITARY EXPERIENCE</b>
Branch Served _____ Years of Service _____ Discharge Status _____ Have you obtained any special skills or abilities as the result of service in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so, please describe: _____

<b>EMPLOYMENT HISTORY</b> (Please attach Resume as well)		
Please list your last three employers <b>with the most recent first.</b>		
<b>1) Company Name:</b> (most recent or present employer)	<b>Telephone Number:</b>	<b>Dates of Employment:</b>
<b>Type of Business:</b>	( ) _____	From: _____ To: _____
<b>Address:</b> Street Number and Name	City State Zip Code	<b>Supervisor:</b> (name & title)
<b>Your Job Title:</b>	<b>Brief description of duties:</b>	<b>Reason you left/leaving:</b>
<b>What did you like/dislike about this position?</b>		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2) Company Name:</b>	<b>Telephone Number:</b>	<b>Dates of Employment:</b>
<b>Type of Business:</b>	( ) _____	From: _____ To: _____
<b>Address:</b> Street Number and Name	City State Zip Code	<b>Supervisor:</b> (name & title)
<b>Your Job Title:</b>	<b>Brief description of duties:</b>	<b>Reason you left:</b>
<b>What did you like/dislike about this position?</b>		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>3) Company Name:</b>	<b>Telephone Number:</b>	<b>Dates of Employment:</b>	
<b>Type of Business:</b>	( ) _____	From: _____ To: _____	
<b>Address:</b> Street Number and Name	City State Zip Code	<b>Supervisor:</b> (name & title)	
<b>Your Job Title:</b>	<b>Brief description of duties:</b>	<b>Reason you left:</b>	
<b>Reason you left:</b>			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever operated the following equipment/computer programs? (circle all that apply)			
<input type="checkbox"/> Cash Register <input type="checkbox"/> Price Gun <input type="checkbox"/> Multi line Phone <input type="checkbox"/> Fax/Copy Machine			
<input type="checkbox"/> Forklift Type: _____ <input type="checkbox"/> Loader <input type="checkbox"/> Hay Squeeze			
<input type="checkbox"/> Roto Mixer			
What computer programs are you familiar with?			
<b>PROFESSIONAL REFERENCES (not related to you)</b>			
<b>Name</b>	<b>Title/Relationship</b>	<b>Company</b>	<b>Phone Number(s)</b>

**ACKNOWLEDGEMENT**

I certify that the information provided in this Application is accurate. I understand that the withholding of any information sought by this Application or the giving of false information on this Application will result in a refusal to hire or, if discovered after I am hired, in disciplinary action up to and including the termination of my employment.

I hereby grant permission to any person, firm or corporation to release to Concord Feed & Fuel, Inc. or its representatives any and all information regarding my past work or employment and my background. I waive any and all claims I might have against Concord Feed & Fuel, Inc. or its representatives with respect to the providing of such information.

I further understand and agree that if I am offered and accept employment by Concord Feed & Fuel Inc. my employment would be on an "at-will" basis. This means that either I or Concord Feed & Fuel, Inc. may terminate the employment relationship at any time without prior notice, for any reason, with or without cause. It also means that Concord Feed & Fuel, Inc. reserves the right to determine and change at any time my job duties, title, level and responsibilities, reporting relationships, compensation and benefits, as well as its personnel policies and procedures for any reason, with or without cause.

**I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.**

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

# Concord Feed & Fuel, Inc.

## Self Identification Form

Concord Feed & Fuel, Inc. is an Equal Opportunity Employer and as such we are subject to certain governmental recordkeeping and reporting requirements. Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment. All information provided will be kept confidential and separate from your employment application and will not be used in any way during the interviewing or hiring process. This information will not become part of your personnel record if you are hired by this company.

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

Sex:        { } Male            { } Female

### Race/Ethnicity:

{ } **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

{ } **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

{ } **Asian** – A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

{ } **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

{ } **Black or African American** – A person having origins in any of the black racial groups of Africa.

{ } **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) who maintain tribal affiliation or community attachment.

{ } **Two or More Races** – All persons who identify with more than one of the above races.

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### To be completed by employer:

EEO-1 Category: { } 1. Officials and managers	{ } 6. Crafts - skilled
{ } 2. Professionals	{ } 7. Operatives - semi-skilled
{ } 3. Technicians	{ } 8. Laborers - unskilled
{ } 4. Sales	{ } 9. Service workers
{ } 5. Office and clerical	

### Employer information completed by:

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