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| Country Store Logo 2013 | **APPLICATION FOR EMPLOYMENT** |
| *Please legibly print all information requested. Applications may be delivered to any Country Store location or mailed to:* ***The Country Store*** *or emailed to:* ***HR@countrystore.net******Attn: Human Resources***  |
|  ***PO Box 266*** ***Burlington, WA 98233***  | Today’s Date:  |
| Last Name | First Name | Middle Name | Maiden Name |
| Present address:Street City State Zip | How long at current address? |
| Previous address if less than three years:Street City State Zip |
| Telephone Number: | Email Address: | Are you under [ ]  Yesage 18? [ ]  No | Are you 21 [ ]  Yesor older? [ ]  No | Are you currently authorized [ ]  Yesto work in the united states? [ ]  No*Proof of eligibility will be required if hired.* |
| Position applied for:  | Wage desired: **$** |
| Location: [ ]  Burlington [ ]  Central Spokane [ ]  Coeur d’Alene [ ]  Colville [ ]  Freeland [ ]  Mount Vernon [ ]  Oroville [ ]  North Spokane [ ]  Oak Harbor [ ]  Sedro Woolley [ ]  Spokane Valley [ ]  Stanwood [ ]  Stevensville  |
| Days available to work: [ ]  Sun [ ]  Mon [ ]  Tues [ ]  Wed [ ]  Thurs [ ]  Fri [ ]  Sat | Hours per week available to work:  |
| Employment desired: [ ]  Full Time Only [ ]  Part Time Only [ ]  Full or Part Time [ ]  Seasonal | When are you available to start work?  |
| Have you ever applied to or worked [ ]  Yesfor the company before? [ ]  No | If “yes”, please explain (include date):  |
| Do you have any friends, relatives or [ ]  Yesacquaintances working for the company? [ ]  No | If “yes”, state name and relationship:  |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? [ ]  Yes [ ]  NoIf no, describe the functions that cannot be performed:   |
| *The company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.**It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.* |
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| **EDUCATION** |
| High SchoolName Mailing Address | YearsCompleted |  [ ]  Yes [ ]  NoDid yougraduate? | [ ]  Diploma[ ]  GED[ ]  Did not finish |
| CollegeName Mailing Address | YearsCompleted |  [ ]  Yes [ ]  NoDid yougraduate? | Majoror Degree |
| Business or Trade SchoolName Mailing Address | YearsCompleted |  [ ]  Yes [ ]  NoDid yougraduate? | Majoror Degree |
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| **MILITARY** |
| Have you ever served [ ]  Yesin the armed forces? [ ]  No | If “yes,” Date Entered:  Date Discharged:  | Specialty:  | Are you currently a member [ ]  Yesof the National Guard? [ ]  No |
| **DRIVING HISTORY** |
| Do you have a valid [ ]  Yesdriver license? [ ]  No | If “yes,” State  of Issue: |  | DriverLicense #: |  | ExpirationDate: |  |
| Type of License: [ ]  Non-CDL [ ]  CDL | If CDL, please check [ ]  Aapplicable class: [ ]  B [ ]  C | Please check applicable [ ]  Hazmat (H or X) [ ]  Doubles/Triples (T)endorsements:[ ]  Tank Vehicle (N or X) [ ]  Air Brake Restriction (K) |
| Have you had any accidents [ ]  Yesduring the past three years? [ ]  No | If “yes,” how many?  | Have you had any moving violations [ ]  Yesduring the past three years? [ ]  No | If “yes,” how many?  |
| Have you had any suspensions or [ ]  Yesrevocations in the last three years? [ ]  No | Have you had any DUI, DWI, BAC, controlled substance [ ]  Yesor open container convictions in the last five years? [ ]  No | Have you had any of the following violations in the last three years? (check all that apply)[ ]  20 mph or more over the speed limit.[ ]  Racing / exhibition driving.[ ]  Careless, reckless or imprudent driving. |
| What is your means of transportation to work:  |
|  |
| **COMPUTER SKILLS** |
| Typing: [ ]  Yes WPM: [ ]  No | Word [ ]  YesProcessing: [ ]  No | Spreadsheets: [ ]  Yes [ ]  No | 10-Key: [ ]  Yes [ ]  No |
| Please list specific computer applications / programs or other skills here:  |
|  |
| **REFERENCES** |
| *Please list two references other than relatives:* |
| Name: |  |  | Name: |  |  |
| Relationship: |  | Relationship: |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Phone #: |  | Phone #: |  |
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| **IN CASE OF EMERGENCY CONTACT** |
| Name: |  |  | Relationship: |  | Phone #: |  |  |
| Address: |  |
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| **OTHER INFORMATION** |
| *Please use this space to elaborate on any background, experience or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.* |
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| **WORK EXPERIENCE** |
| *Please list your work experience for the past seven years beginning with your most recent job held. Attach additional sheets if necessary. If you were self-employed, give business name. Resumes are not accepted in lieu of completing the work history listed on pages 3 - 5, but are accepted as a supplement to this application. Please explain any gaps in work history.* |
| Employer Name: | Your Job Title: | Employment Dates:From: To: |
| Address:Street City State Zip |
| Phone: | Contact Person: | Name & Title of Last Supervisor: | May we contact [ ]  Yesthis employer? [ ]  No |
| Reason for leaving:  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: |
|  |
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| Address:Street City State Zip |
| Phone: | Contact Person: | Name & Title of Last Supervisor: | May we contact [ ]  Yesthis employer? [ ]  No |
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| Phone: | Contact Person: | Name & Title of Last Supervisor: | May we contact [ ]  Yesthis employer? [ ]  No |
| Reason for leaving:  |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: |
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| **APPLICATION STATEMENT** |
| Did you complete this application yourself? [ ]  Yes [ ]  No If not, who did?  |
| **As indication that you have read and understood each sentence, please write your initials in the spaces provided below. If you are submitting this application electronically, your initials and signature will be required upon hire.**In exchange for the consideration of my job application by Skagit Farmers Supply (also known as “AFCO Distribution & Milling” or “The Country Store”), (hereinafter called “the Company”), I agree that:Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, \_\_\_\_\_ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, \_\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the CEO or Board of Directors of the Company.\_\_\_\_\_ Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason.\_\_\_\_\_ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.\_\_\_\_\_ I authorize investigation of all statements contained in this application. \_\_\_\_\_ I understand that the misrepresentation or omission of facts called for may be cause for dismissal at any time without any previous notice. \_\_\_\_\_ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and herby release the Company from any liability as a result of such contact. \_\_\_\_\_ I understand that, in connection with the routine processing of your employment application, the company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. \_\_\_\_\_ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. \_\_\_\_\_ |
| ***Signature of Applicant*** | ***Date*** |
| *Skagit Farmers Supply, its brands (also known as AFCO Distribution & Milling or The Country Store) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with AFCO Distribution & Milling depends solely on your qualifications.****Thank you for completing this application and for your interest in our company.*** |