

Agri Drain CORPORATION

1462 340th Street ▪ Adair, Iowa 50002 ▪ Ph # 1-800-232-4742 ▪ Fax # 1-800-282-3353

APPLICATION FOR EMPLOYMENT

(Please Print)

Date	Position/Type of Work You Desire (If applying for a position as a driver, please also complete page 5.)
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Last Name	First Name	Middle Initial
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Mailing Address (include Street/Box/Route, City, State, Zip Code)

Home Phone Number	Social Security Number
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Are you legally eligible to work in the United States? Yes _____ No _____

Have you been employed by Agri Drain Corp. previously? Yes _____ No _____ (Give dates below)

Dates:

How were you referred to Agri Drain Corp.?

Are you applying for full time _____ part time _____ or summer _____ employment?	Amount of notice required before starting work _____
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List days available for work:	List hours available for work:
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If necessary, are you available for overtime work? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____ If NO: Date of Birth ____/____/____
(Federal and state laws on hazardous occupations may require you to be over 18 years old.)

Do you have a driver's license? Yes _____ No _____

Do you have a chauffeur's license? Yes _____ No _____

Have you ever been convicted for anything other than a minor traffic violation? Yes _____ No _____
If yes, please explain:

(This information will not automatically disqualify you for employment, but may be considered in relation to the position for which you are applying.)

This company is an equal employment opportunity employer. We will not tolerate discrimination because of race, color, religion, sex, age, physical impairment or national origin.

All qualified applicants are welcome to submit applications for employment.

EDUCATION

School	Name/Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Type of Degree or Diploma
High School				Y or N	
Business/Trade/Technical				Y or N	
College				Y or N	
Graduate School				Y or N	

Do you have training and/or experience in operating equipment such as table saws, routers, welders, drill presses, forklifts, band saws, iron shears, press brake, milling machines, or in machining, industrial painting, fabrication or assembling (mechanical, electrical, hydraulic)? If yes, please give dates and details of training and/or experience:

Other specialized skills, licenses or training (computer skills, workshops, seminars, short courses, etc.)? Please give dates and details:

EMPLOYMENT

(Please give accurate, complete information regarding your previous employment and military experience. **Most recent experience should be listed first.** Please explain any gaps in time.)

Company Name	Telephone Number (include area code)
Complete Address	Dates of Employment (Mo/Yr) From: _____ To: _____
Name of Supervisor	Final Wage \$ _____/hour or \$ _____/month
Job Title/Describe Job Duties & Equipment Used	Reason for Leaving

May we contact this employer? _____ Yes _____ No

Company Name	Telephone Number (include area code)
Complete Address	Dates of Employment (Mo/Yr) From: _____ To: _____
Name of Supervisor	Final Wage \$ _____/hour or \$ _____/month
Job Title/Describe Job Duties & Equipment Used	Reason for Leaving

May we contact this employer? _____ Yes _____ No

Company Name	Telephone Number (include area code)
Complete Address	Dates of Employment (Mo/Yr) From: _____ To: _____
Name of Supervisor	Final Wage \$ _____/hour or \$ _____/month
Job Title/Describe Job Duties & Equipment Used	Reason for Leaving

May we contact this employer? _____ Yes _____ No

OTHER INFORMATION

Please list Agri Drain Corp. employees you know: _____

Please list any additional information about you and/or your past work, training or personal experiences that you would like us to consider: _____

REFERENCES

Please name **three** work related, school, or personal references who are **not** previous supervisors.

Name	Telephone Number(s) (include area code)
How Known By You	Years Known
Name	Telephone Number(s) (include area code)
How Known By You	Years Known
Name	Telephone Number(s) (include area code)
How Known By You	Years Known

SIGNATURE

I attest that the above information is true, correct and complete. If I am employed, I understand that any falsified statements or omissions of fact on this application shall be sufficient cause for dismissal.

I hereby authorize my former employers, educational institutions and references to furnish or verify any information concerning my application for employment. I further authorize Agri Drain Corp. to contact my former employers, educational institutions and references for the purpose of obtaining such information (unless previously stated in writing to the contrary).

I understand that my employment can be terminated at any time and for any reason by me or Agri Drain Corp., oral representations to the contrary notwithstanding. This application does not constitute an agreement or contract or employment for any specified period or duration of time.

If I am employed, I further understand that I am required to abide by all rules and regulations as set forth by Agri Drain Corp.

I agree, as a condition of employment, to provide documents establishing proof of identify and employment eligibility in compliance with the Immigration Reform and Control Act of 1986.

I understand the information in this application may be shared with Schafer Partnership. All statements in this document referring to Agri Drain Corp. are applicable to Schafer Partnership.

I have read and fully understand the foregoing and seek employment under these conditions.

(Date)
(Signature)

EXPERIENCE AND QUALIFICATIONS -- DRIVERS

Driver Licenses	State	License #	Type	Expirations Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-On, Read-End, Upset, etc.)	Fatalities	Injuries
Last Accident // /			
Next Previous // /			
Next Previous // /			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS