Purchasing Agent

Agri Drain Corp. has an opening for an experienced Purchasing Agent. This position will purchase and maintain appropriate levels of finished goods and raw materials in support of all manufacturing operations. Must have excellent negotiation, relationship building, and communication skills. Benefits include competitive wage, paid time off, affordable health insurance, 401k, and short & long-term disability.



800-232-4742 Phone · 877-866-9312 Fax hr@agridrain.com



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Job Description / Requirements Overview for Plant Employees

As a prospective employee of Agri Drain Corporation, there are certain functions you may encounter or be expected to do if employed. Many of these tasks are of a physical capacity, and are important for you to know as an applicant. The functions include, but may not be limited to:

- > Standing for long periods of time (up to 4 hours continually).
- > Bending, stooping, squatting, and walking repetitively.
- Lifting and/or carrying up to 50 pounds individually.
- ➤ Performing repetitive arm, hand, wrist, leg, foot, or ankle motions continually while performing work functions.
- Working in hot conditions.
- > Bending at waist and being in awkward positions.
- ➤ Good hand and wrist strength for gripping tools and equipment.
- ➤ Good hand and wrist dexterity.

Can you pe	rtorm the above functions?	Y es	No	
•	vered No, please list the reang the above functions.	sons for an	ny limitations you have relati	ve
· 		 		
Signature:			Date:	



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APPLICATION FOR EMPLOYMENT

(Please Print)

Date	Position/Type of Work You	Desire (If applyi	ng for a position as a	driver, please also complete page 5.)
Last Name	First Name			Middle Initial
Mailing Address (inclu	lade Street/Box/Route, City, St	ate, Zip Code)	
Home Phone Number		Social Se	ecurity Number	ſ
Are you legally eligible	e to work in the United States	? Yes_	No	
Dates:	red by Agri Drain Corp. previo	ously? Yes	No _	(Give dates below)
How were you referred	l to Agri Drain Corp.?			
Are you applying for full time part ti	me or summer e	mployment?	Amount of no before starting	
List days available for		t hours availa		
If necessary, are you are	vailable for overtime work?	Yes	No	
Are you 18 years of ag (Federal and	e or older? Yes 1 I state laws on hazardous occupat	Notions may requi	If NO: Date of the you to be over	of Birth// r 18 years old.)
Do you have a driver's	license? Yes No)		
Do you have a chauffe	ur's license? Yes	No		
Have you ever been co If yes, please explain:	nvicted for anything other tha	n a minor traf	ffic violation?	Yes No
(This information will not auto	omatically disqualify you for employment, b	ut may be considere	ed in relation to the po	sition 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 N	o	

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 N	o		
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 N	0		
OTHER INFORMA	ATION		
Please list Agri Drain Corp. employees you know:			
Please list any additional information about you and/or your pthat you would like us to consider:			

REFERENCES

Please name three work related, school, or personal refe	rences 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
SIGNAT	URE
I attest that the above information is true, correct, and comp statements or omissions of fact on this application shall be suf	
I hereby authorize my former employers, educational institution concerning my application for employment. I further authoried educational institutions, and references for the purpose of of writing to the contrary).	ze Agri Drain Corp. to contact my former employers,
I understand that my employment can be terminated at any tirrepresentations to the contrary notwithstanding. This applicate employment for any specified period or duration of time.	
If I am employed, I further understand that I am required to Drain Corp.	abide by all rules and regulations as set forth by Agri
I agree, as a condition of employment, to provide documeligibility in compliance with the Immigration Reform and Co	
I understand the information in this application may be sh document referring to Agri Drain Corp. are applicable to Scha	
I have read and fully understand the foregoing and seek emplo	byment under these conditions.
(Date)	(Signature)

EXPERIENCE AND QUALIFICATIONS -- DRIVERS

Driver Licenses	State	License #	Туре	Expiration Date
Literises				

DRIVING EXPERIENCE

Class of	Type of Equipment		ates	Approx. # of Miles
Equipment	(Van, Tank, Flat, Etc.)	From	То	(Total)
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, Rear-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.