

**UNITED COOPERATIVE SERVICES
APPLICATION FOR EMPLOYMENT**

This Cooperative, in accordance with federal, state and local laws, does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other legally protected status.

NOTE: Applicants may request any accommodation needed to participate in the application process.

Position Applied for _____ Date of Application _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ Social Security number _____

If under 18, can you furnish a work permit? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No (Proof of citizenship or immigration status will be required upon employment.)

Have you filed an application here before? _____ Yes _____ No

If "yes" give date _____

Are you employed now? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you related to any employee of the Cooperative or member of the Board of Directors?
_____ Yes _____ No

If "yes" give name, position and relationship _____

On what date would you be available for work? _____

Are you available to work: _____ Full time _____ Part time
_____ Overtime _____ Temporary

Can you travel if a job requires it? _____ Yes _____ No

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Have you ever been convicted of a felony or pleaded guilty or “no contest” to a felony and/or received deferred adjudication? _____ Yes _____ No

(An affirmative response will not automatically disqualify you from being considered for employment.)

If “yes” please explain: _____

SKILLS

What office machine and/or equipment do you operate efficiently?

Do you have good telephone skills? _____ Yes _____ No

Do you have a current driver’s license? _____ Yes _____ No

Driver’s License Number _____

List other skills and qualifications acquired from employment or other experience _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer _____
Employed From _____ To _____
Hourly Rate/Salary _____
Telephone _____
Address _____
Job Title _____
Supervisor _____
Reason for leaving _____
Work Performed _____

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2. Employer _____
Employed From _____ To _____
Hourly Rate/Salary _____
Telephone _____
Address _____
Job Title _____
Supervisor _____
Reason for leaving _____
Work Performed _____

3. Employer _____
Employed From _____ To _____
Hourly Rate/Salary _____
Telephone _____
Address _____
Job Title _____
Supervisor _____
Reason for leaving _____
Work Performed _____

4. Employer _____
Employed From _____ To _____
Hourly Rate/Salary _____
Telephone _____
Address _____
Job Title _____
Supervisor _____
Reason for leaving _____
Work Performed _____

Comments (include explanation of any gaps in employment)

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EDUCATION

<i>Name and Location</i>	<i>Circle Last Year Complete</i>	<i>Course of Study</i>	<i>Diploma or Degree</i>
High_____	1 2 3 4_____		
College_____	1 2 3 4_____		
Technical_____	1 2 3 4_____		
Other_____	1 2 3 4_____		

REFERENCES

Give name, address and telephone number of three references that are not related to you and are not previous employers:

1. Name_____
- Address_____
- Business_____
- Phone Number for Work and Home_____
2. Name_____
- Address_____
- Business_____
- Phone Number for Work and Home_____
3. Name_____
- Address_____
- Business_____
- Phone Number for Work and Home_____

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Applicant's Statement
READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE
SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment and if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the Employer and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice by either the Employer or me. I further understand that this application is not and is not intended to be a contract of continued employment, and that my at-will employment status cannot be changed except by a written document signed by the President of the Board of Directors of the Employer. I further understand that no supervisor, manager or other employee or representative of the Employer, other than the President of the Board of Directors, has the authority to change the at-will nature of my employment, and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the Employer.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, I may be required to submit to a drug-screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs will subject me to not being considered for employment.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations of the Employer governing the conduct of its employees, including the rules which prohibit the use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location or facility of the Employer.

I understand that if I am offered employment, I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information that may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examination may result in my not being considered for employment.

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I understand that the Employer is a subscriber under the Texas Worker's Compensation Act.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the Employer's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license), immediately reporting any accidents or traffic violations to the Employer, and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements, I may be subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during my term of employment.

I agree that if I am hired, I will not, during my employment, become associated with or engage in any work or business that is directly or indirectly competitive with Employer, or that otherwise conflict with the best interests of Employer.

I represent and warrant to Employer that I am free to become employed by Employer and that I have no obligations to any former employer or otherwise that would prevent me from being hired by Employer. I further represent and agree that I have not and will not improperly disclose to Employer any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party ("Confidential Information"). Moreover, I agree that if the Employer employs me, I will not improperly disclose Confidential Information to which I gain access by virtue of my employment.

I certify that I am eligible for employment in the United States and that the documents I furnished, or will furnish, to verify my identity and eligibility are true and correct. I further understand and agree that if offered employment, I will have three days to submit documents and that failure to submit such documents within three days will result in withdrawal of the offer of employment or if employment has begun, termination of employment.

Signature of Applicant

Date

NOTE: This application will be retained for active consideration for employment until the position is filled. After the position applied for is filled, the applicant will need to complete a new application if he/she still wishes to be considered for employment in positions that later become open.

For Office Use Only

Interviewed By/Date

Interviewed By/Date

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