ALL STATES AG PARTS



APPLICANT INFORMATION

Last Name
Street Address

Application for Employment

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All States Ag Parts is an equal opportunity employer, and will not base hiring decisions on race, color, age, national origin, marital status, disability or other protected status.

First

City			State	Zip		Phone		
E-mail Address								
Date Available	Position Applied for			Where did you see this position advertised?				
Referred by a current employee? Name:								
Have you worked for this c	ompany b	efore? WI	hen?		If under 18, do you have a work permit?			ermit?
Are you authorized to work in the U.S.? Yes No				(Proof of citizenship or authorization to work in the United States will be required upon employment)				
Most shop, teardown, yard can you perform the duties				sitions require the	ability to regul	arly lift up to 50	lbs. If applying for	one of these positions,
EDUCATION								
High School	High School				City and State			
Did you graduate?	Yes	No If not, highest grade completed						
College		·			City and State			
Did you graduate?	Yes	No	Degree Obtai	ned	Field of Study			
Other	·				City and State			
Did you graduate?	Yes	No	Degree Obtained			Field of Study		
EMPLOYMENT		Start wi	th most recen	ıt				
Company					Type of Busin	ess		
City and State				Phone No.				
Start Date	End Date			Reason for leaving				
Supervisor/Manager				May we contact this employer? Yes No				
Job title/duties								
Company					Type of Busin	ess		
City and State				Phone No.				
Start Date End Date				Reason for leaving				
Supervisor/Manager					May we conta	act this employe	er? Yes	No
Job title/duties								

nued)						
	Type of Business	Type of Business				
	Phone No.	Phone No.				
End Date	Reason for leaving	Reason for leaving				
	May we contact this employer? Yes No					
	Type of Business	Type of Business				
	Phone No.					
End Date	Reason for leaving	Reason for leaving				
	May we contact this employer?	May we contact this employer? Yes No				
	'					
	Type of Business					
	Phone No.					
End Date	Reason for leaving					
	May we contact this employer?	Yes	No			
	-					
	End Date	Phone No. End Date Reason for leaving May we contact this employer?	Phone No. Reason for leaving May we contact this employer? Yes Type of Business Phone No. End Date Reason for leaving May we contact this employer? Yes Type of Business Phone No. End Date Type of Business Phone No. Reason for leaving Reason for leaving Type of Business Phone No. End Date Reason for leaving	Phone No. End Date Reason for leaving May we contact this employer? Yes No Type of Business Phone No. End Date Reason for leaving May we contact this employer? Yes No Type of Business Type of Business Phone No. End Date Reason for leaving Reason for leaving End Date Reason for leaving E		

REFERENCES				
Name	Phone No			
Relationship to you				
Name	Phone No			
Relationship to you				
Name	Phone No			
Relationship to you				

DISCLAIMER AND SIGNATURE

I have answered all questions to the best of my ability. If employed, I realize false, misleading or incomplete information I give or withhold on this application or during my interview(s) or at any other time during the hiring process may disqualify me from employment or may lead to my discharge once I have been hired.

If required by the position applied for, I understand I may have to undergo physical examinations, drug screenings, ability tests or other tests during the application process or after a conditional offer of employment is extended.

I understand that the Company will perform a reference check before considering me for employment; if an offer is extended, depending on the position the Company may also conduct a background check. I authorize the Company to: (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other person who can verify information; (3) discuss the results of any investigation with other employees of the Company involved in the hiring process. I give my consent for all contacted persons, firms and corporations, including former employers, to provide information concerning this application, and I release each such person, firm or corporation from liability for providing information to the Company. I also release All States Ag Parts from liability for seeking this information.

Employment at All States Ag Parts (and affiliates) is on an "at-will" basis for no definite period of time and may be terminated at any time with or without cause by the company or myself as long as there is no violation of state or federal laws.

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Date		Signature		