

Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. If, due to special needs, you require a reasonable accommodation in either the application process or in your job, please notify your interviewer.

Completed applications should be returned to one of our locations, emailed to hr@provisionpartners.coop or mailed to ProVison Partners Cooperative, ATTN: HR, 2327 W Veterans Pkwy, Marshfield, WI 54449

(PLEASE PRINT)

Position(s) Applied For	Location of Position(s)	Desired Salary Range	Date of Application
How were you referred to us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend Name _____ <input type="checkbox"/> Advertisement Where _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative Name _____ <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Address Number Street	City	State	Zip Code
Home Phone Number		Cell Phone Number	
Email Address	Your preference to be notified (circle one): Cell phone Home Phone Email		

Are you at least 18 years of age? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

Will you work overtime if asked? Yes No

May we contact your present employer? Yes No

Do you have a legal right to work in the United States? Yes No

Proof of citizenship, immigration status, and identity will be required upon employment.

On what date would you be available for work? _____

Are you available for work: Full Time Part Time Shift Work Temporary

Are you currently on "Lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

Special Skills & Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

List professional, trade, business or civic activities & offices held. *You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:* _____

Computer Skills:

- Word Processing Years: _____ E-mail Years: _____
 Spreadsheet Years: _____ Internet Years: _____

Military Service

Branch _____ Rank at Entry _____ Rank at Discharge _____

Dates of Service _____ Position Classification _____

Specialized Training _____

Employment Experience/Record

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

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Employer		Dates Employed		Work Performed	
		From	To		
Address (Street, City, State, Zip)					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for leaving					
While employed for this company were you a commercial driver subject to the Federal Motor Carrier Safety Regulations (FMCSRs)* (check one)?				YES	NO
Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol and controlled substance testing requirements (check one)?					

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Employer		Dates Employed		Work Performed	
		From	To		
Address (Street, City, State, Zip)					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for leaving					
While employed for this company, were you a commercial driver subject to the FMCSRs* (check one)?				YES	NO
Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol & controlled substance testing requirements (check one)?					

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Employer		Dates Employed		Work Performed	
		From	To		
Address (Street, City, State, Zip)					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
Reason for leaving					
While employed for this company, were you a commercial driver subject to the FMCSRs* (check one)?				YES	NO
Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol & controlled substance testing requirements (check one)?					

References Please provide the name, address, relationship, and phone number of three business, work, or school references who are **not** related to you or a previous supervisor.

Name	Address	Relationship	Phone #

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release all employers, schools, and other persons from all liability in responding to inquiries and releasing information regarding my application. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether a position is open or not. If so, a new application will be required.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless the CEO/General Manager of this organization specifically acknowledges such change in writing.

I certify that the statements I have made on this application are true. In the event of employment, I understand that false or misleading information given in my application may result in disqualification from consideration, or if employed, discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks _____

INTERVIEWER

DATE

Employed ___ Yes ___ No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____

NAME AND TITLE

DATE

Notes _____

*****If applying for Driver's Position, please see insert**

Experience & Qualifications-Driver (Attach sheet if more space is needed)

Driver Licenses	State	License No.	Type	Expiration Date

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

C. Have you ever been convicted of a felony or misdemeanor? Yes No

If "Yes", explain: _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

Traffic Convictions for Past 3 Years (Other than parking violations)

Location	Date	Charge	Penalty

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			