

# General Employment Application



3083 30<sup>th</sup> Street Hopkins, Michigan 49328

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone	Cell Phone		E-mail Address		
Date Available	Emergency Contact:			Phone ( )	
Position Applied for			Desired Salary		
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, explain		
Have you ever been denied a license, permit or the privilege to operate a motor vehicle?	YES	NO	If yes, explain		

EDUCATION				
High School	Did you graduate?	YES	NO	Degree
College	Did you graduate?	YES	NO	Degree
Other	Did you graduate?	YES	NO	Degree
Other	Did you graduate?	YES	NO	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

COMPUTER EXPERIENCE	
Word	Years: JJ Keller Years:
Excel	Years: QuickBooks Years:
PowerPoint	Years: Web Design Years:
Outlook	Years: GreenStar Years:

EQUIPMENT EXPERIENCE

\*Please check the box of the type of equipment you have successfully operated and list the model.\*

John Deere

New Holland

Case IH

Agco

Cat

Other

## PREVIOUS EMPLOYMENT

\*Any gaps in unemployment and/or employment **must be explained.**

Company

Phone ( )

Address

Contact Person

Responsibilities

From

To

Reason for Leaving

Company

Phone ( )

Address

Contact Person

Responsibilities

From

To

Reason for Leaving

Company

Phone ( )

Address

Contact Person

Responsibilities

From

To

Reason for Leaving

Company

Phone ( )

Address

Contact Person

Responsibilities

From

To

Reason for Leaving

## SIGNATURE & DISCLAIMER

This company requires all drivers employees to be controlled substance tested with a negative result prior to hiring.

Do You Consent to such Testing?

YES

NO

Are you over 18 years old?

YES

NO

Are you over 21 years old?

YES

NO

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

# MOTOR VEHICLE AUTHORIZATION FORM

I, \_\_\_\_\_, **(print name)** authorize Schaendorf Custom Farming Inc. to process a Motor Vehicle Record according to my personal information listed below. This information is confidential and will be maintained as such.

## **Please complete the following: (Please print legible)**

Full Name (including middle name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Michigan Drivers License Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**Schaendorf Custom Farming Inc**

**PRE-EMPLOYMENT DRUG TESTING POLICY**

*(Attach to job applications)*

All job applicants at this Company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at the Company’s sole discretion, and by signing a consent agreement, will release the Company from liability.

Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at that time.

The Company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the Company will not tolerate.

**PRE-EMPLOYMENT AGREEMENT**

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by the Company for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the Company, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to the Company receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Driver License Information:

State: \_\_\_\_\_ DL # \_\_\_\_\_