



Valley Feeds, Inc
PO BOX 38 ; 1304 W. Fox Road
Long Island, KS. 67647
(785) 854 7611 FAX (785) 854 7610

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

NOTICE: SUBSTANCE & ALCOHOL TESTING IS REQUIRED OF APPLICANT.

APPLICANT INFORMATION

FULL NAME

(FIRST)

(MIDDLE)

(LAST)

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

SSN: _____ PHONE # (Home) _____ PHONE # (Cell) _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE? YES NO If yes, Driver's License # _____

DO YOU CURRENTLY HAVE A VALID CDL? YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE US? YES NO
Proof of citizenship or immigration status will be required upon employment

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO If Yes, when? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO If yes, explain. _____

EDUCATION

HIGH SCHOOL: _____ **LOCATION:** _____

DID YOU GRADUATE? YES NO IF YES, WHAT YEAR? _____

COLLEGE: _____ **LOCATION:** _____

DID YOU GRADUATE? YES NO IF YES, WHAT YEAR? _____ **DEGREE:** _____

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL: _____

Current and Previous Employment

COMPANY: _____ **PHONE:** () _____

ADDRESS: _____ **SUPERVISOR:** _____

JOB TITLE: _____ **STARTING SALARY:** \$ _____ **ENDING SALARY:** \$ _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____ **REASON FOR LEAVING:** _____

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? YES NO

COMPANY: _____ **PHONE:** () _____

ADDRESS: _____ **SUPERVISOR:** _____

JOB TITLE: _____ **STARTING SALARY:** \$ _____ **ENDING SALARY:** \$ _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____ **REASON FOR LEAVING:** _____

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? YES NO

COMPANY: _____ **PHONE:** () _____

ADDRESS: _____ **SUPERVISOR:** _____

JOB TITLE: _____ **STARTING SALARY:** \$ _____ **ENDING SALARY:** \$ _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____ **REASON FOR LEAVING:** _____

MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE? YES NO

PLEASE DESCRIBE ANY SPECIALIZED TRAINING OR SKILLS IN THE SPACE BELOW

**PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US
IN CONSIDERING YOUR APPLICATION IN THE SPACE BELOW**

MILITARY SERVICE

BRANCH: _____ FROM: _____ TO: _____

RANK OF DISCHARGE: _____ TYPE OF DISCHARGE: _____

IF OTHER THAN HONORABLE, EXPLAIN: _____

REFERENCES

Please list three references with at least one being a professional reference:

Full name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO 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 _____