



# Almena Agri Services

**PO BOX 53 ALMENA, KS. 67622**  
**(785) 669 2561 FAX (785) 669 2210**

## 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