

General Employment Application



3083 30th Street Hopkins, Mi 49328

APPLICANT INFORMATION

Last Name		First Name		Middle Initial	Date
Street Address			City	State	ZIP
Cell Phone	E-mail Address				
Home Phone	Emergency Contact			Phone	
Position Applied For				Desired Pay	
Are you a citizen of the United States?		Yes	No	If no, are you authorized to work in the U.S.?	
		Yes	No	Yes No	
Have you ever worked for this company?		Yes	No	If so, when?	
		Yes	No	If yes, explain.	
Have you ever been convicted of a felony?		Yes	No	If yes, explain.	
		Yes	No	If yes, explain.	

EDUCATION

High School	Did you graduate?	Yes	No	Concentration of study
Other	Did you graduate?	Yes	No	Degree or Description

REFERENCES (please list 3 professional references)

Full Name	Relationship
Company	Phone Number
Full Name	Relationship
Company	Phone Number
Full Name	Relationship
Company	Phone Number

COMPUTER EXPERIENCE

Word Years:	JJ Keller Years:	Powerpoint Years:	Outlook Years:
Excel Years:	Quickbooks Years:	Web Design Years:	GreenStar Years:

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

EQUIPMENT EXPERIENCE

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

John Deere	Case IH	Cat
Agco	New Holland	Other

SIGNATURE & DISCLAIMER

This company requires all 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 from employment.

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 legibly)

Full Name (including middle name): _____

Date of Birth: _____

Michigan Driver's License Number: _____

Social Security Number: _____

Today's Date: _____

Signature of Applicant: _____

PRE-EMPLOYMENT DRUG TESTING POLICY



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.

Name (please print) _____

Signature _____ Date _____