

APPLICATION FOR EMPLOYMENT



(715) 672-4255

blacksag@blacksvalleyag.com

301 5TH AVENUE WEST DURAND, WI 54736

Pre-Employment Questionnaire -
Equal Opportunity Employer

DATE: _____

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NO.	
CURRENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER ()	REFERENCED BY / HOW YOU HEARD ABOUT US		

POSITION DESIRED	DATE YOU CAN START	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE SPEAK WITH YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, THEN WHEN DID YOU APPLY?	

NAME AND LOCATION OF EDUCATIONAL SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	WHAT WAS YOUR DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

SPECIAL TRAINING / SKILLS / CERTIFICATIONS / SPECIAL STUDY / ECT.

U.S. MILITARY OR NAVAL SERVICE	RANK
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NAME AND LOCATION OF PAST AND CURRENT EMPLOYERS	TITLE OR POSITION	TIME EMPLOYED		REASON FOR LEAVING
		FROM	TO	

PLEASE GIVE BELOW THE NAMES OF THREE REFERENCES NOT RELATED TO YOU AND HAVE KNOWN YOU AT LEAST ONE YEAR

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	BUSINESS

*****PLEASE CONTINUE WITH THE APPLICATION ON THE NEXT PAGE*****

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PLEASE LIST ANY OTHER RELEVANT INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOURSELF

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE:

SIGNATURE OF APPLICANT

***Please send this application form back to Black's Valley Ag by any of the following ways:**

By Email: blacksag@blacksvalleyag.com

By Mail: 301 5th Avenue West Durand, Wisconsin 54736

In Person: At our office located at the address listed above



**Thank you for applying for employment at Black's Valley
Ag!**