# EMPLOYMENT APPLICATION CENTERRA CO-OP INC.

DATE

	Ple	ease answer ea	ch question com	pletely and ac	curately.			
NAME			•	, ,	HOME PHONE		BUS. PHONE	
ADDRESS				CIT	Y	STATE	ZIP CODE	
Are you over 18 yrs	s. of age?	YES □NO	Do you have a legal ri	ght to permanently liv	e and work in the U.	S.?	□YES □NO	
POSITION OR TYPE OF WORK DESIRED  Regulation Temp  How Were You Referred To Us?  Newspaper School Agency Other					DATE AVAIL			
			☐ Regular	☐ Full Time y ☐ Part Time		\$		
				☐ On your own	NAME(S) OF RE	S) OF REFERRAL SOURCE(S) CHECKED		
DUCATIO	NAL & PROF	ESSIONAL H	IISTORY	EMAIL A	DDRESS: _			
SCHOOL				DATES ATTEN	DED GRADUAT YES/NO			
SCHOOL				FROM	ТО	00 22.12	9911111092011	
HIGH	NAME:							
SCHOOL	CITY:	S	TATE:					
If you did not gra	aduate, do you have	a high school equiv	alency diploma or cert	ificate?  YES	□ NO D	ate:	<u> </u>	
	NAME:							
COLLEGES	CITY:	S	TATE:					
AND	NAME:							
	NAME: CITY:	S	TATE:					
		s	TATE:					
	CITY:		TATE:					
JNIVERSITIES	CITY:							
	CITY: NAME: CITY:	S						
JNIVERSITIES	CITY: NAME: CITY: NAME:	S	TATE:					
OTHER TRAINING	CITY:  NAME:  CITY:  NAME:  CITY:  NAME:  CITY:	s	TATE:					
OTHER TRAINING	CITY: NAME: CITY: NAME: CITY: NAME:	s	TATE:	AFFILIATIONS WI	TH PROFESSIONAL O	RGANIZATIONS		
OTHER TRAINING	CITY:  NAME:  CITY:  NAME:  CITY:  NAME:  CITY:	s	TATE:	AFFILIATIONS WI	TH PROFESSIONAL O	RGANIZATIONS		
OTHER TRAINING	CITY:  NAME:  CITY:  NAME:  CITY:  NAME:  CITY:	s	TATE:	AFFILIATIONS WI	TH PROFESSIONAL O	RGANIZATIONS		
UNIVERSITIES OTHER TRAINING	CITY:  NAME:  CITY:  NAME:  CITY:  NAME:  CITY:	s	TATE:	AFFILIATIONS WI	TH PROFESSIONAL O	RGANIZATIONS		
OTHER TRAINING ROFESSIONAL LICE	CITY:  NAME: CITY:  NAME: CITY:  NAME: CITY:  EITY:  CITY:  CITY:	s	TATE:	AFFILIATIONS WI	TH PROFESSIONAL O	RGANIZATIONS		
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My Documents/Word/HR/Employment Application

## **EMPLOYMENT HISTORY**

SIGNATURE\*\_\_\_\_

## NOTE: IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED, PLEASE CHECK HERE. $\Box$

List current or most recent employment first a	•	ð.	1				
FIRM NAME	JOB TITLE		STA	RTING DATE	ENDIN	G DATE	
			MO.	YR.	MO.	YR.	
ADDRESS			STA	RT SALARY  H	R. END S	ALARY	□HR.
				□W	/K.		□WK.
				M			□MO.
CITY	STATE	ZIP CODE		TELEPHONE NO	١.		
SUPERVISOR'S NAME		REASON FOR LEAVIN	IG	1			
DUTIES							
56.126							
FIRM NAME	JOB TITLE		STA	RTING DATE	ENDIN	G DATE	
	00522						
			MO.	YR.	MO.	YR.	
ADDRESS			STA	RT SALARY □HI		ALARY	□HR. □WK.
				□м			□MO.
CITY	STATE	ZIP CODE		TELEPHONE NO	  .		
SUPERVISOR'S NAME		REASON FOR LEAVIN	10				
SUPERVISOR'S NAME		REASON FOR LEAVIN	iG				
DUTIES							
						_	
I understand that if I am selected for e							
terminated at any time by either party in certify that the forgoing answers are corr			governing	terminations	s "at will".	. 1	
certify that the longoing answers are con-	ect to the best of my know	neuge and belief.					
SIGNATURE *		DATE					_
<b>EQUAL OPPORTUNITY EMPLO</b>	YER						
You have my permission to obtain inform	nation pertaining to my ch	aracter, integrity.	dependabi	lity and abilit	ty from th	е	
references and employers who are listed	above and those employ	ers are hereby aut	horized to	release info	rmation.	-	
	. ,	•					

DATE \_

<sup>\*</sup>This facsimile document and my facsimile signature(s) are to be considered original for all purposes for which this document may be used.

#### CENTERRA CO-OP INC.

### IMPORTANT NOTICE: REGARDING BACKGROUND REPORTS

In connection with your application for employment, Centerra Co-op Inc., may obtain one or more reports regarding your consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and other public record information from a consumer reporting agency. If Centerra Co-op Inc. uses any information it obtains from a background report in a decision to not hire you or to make any other adverse employment decision regarding you, Centerra Co-op Inc. will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon a background report, Centerra Co-op Inc. will notify you that the action has been taken and that the background report was the reason for the action.

We cannot obtain such background reports regarding you unless you consent in writing. If you agree that we may obtain background reports regarding your background history, please sign below.

For Identificat	ion and Resea	rch Purposes C	Only:		
Name					
Last		First		Middle	
Address					
Street		Ci	ty	State	Zip
Other or Former	Name(s)				
Social Security I	Number			-	
Driver's License	State	Licens	se Number		
Date of Birth	Month	Day	Year	Gende	er
	erstand that if I				by Centerra Co-op ay obtain reports of
		Co-op Inc. and ory as described		, agents, and	affiliates to obtain
Signature*			 Date		

\*This facsimile document and my facsimile signature(s) are to be considered original for all purposes for which this document may be used.