



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE EMAIL ADDRESS

DATE AVAILABLE FOR WORK: DESIRED SALARY:

POSITION(S) APPLYING FOR:

HAVE YOU EVER WORKED FOR THIS COMPANY AT ANY LOCATION? YES NO

IF YES, WHERE? DATE EMPLOYED?

REASON FOR LEAVING?

LIST ANY FRIENDS OR RELATIVES WORKING FOR US:

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

Do you have access to some form of reliable transportation? YES NO

Are you able to perform the essential functions, with or without accomodation, of the position you are applying? YES NO

If employment is offered, can you submit verification of your legal right to work in the United States? YES NO

Are you willing to submit to a pre-employment drug screen? YES NO

EDUCATION

Table with 4 columns: SCHOOL, NAME & LOCATION, COURSES/TRAINING?, DID YOU GRADUATE? and rows for HIGH SCHOOL, COLLEGE, OTHER (SPECIFY)

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO

OTHER TRAINING/CERTIFICATIONS HELD:

EMPLOYMENT HISTORY

Please list your employment history, most current to last, and all requested information below. You may include military service assignments or volunteer assignments. Exclude organization names which indicate race, color, sex or national origin.

Business Name, City/State, Phone Number	Dates Employed	Position Held	Starting Salary	Ending Salary	Reason for Leaving?	Supervisor	May We Contact?

PERSONAL / PROFESSIONAL REFERENCES (No Relatives)

NAME	CONTACT NUMBER	EMAIL ADDRESS	YEARS KNOWN	TYPE OF ACQUAINTANCE

The following statement is part of this application. Read it CAREFULLY and sign your acceptance below:

I understand that any omission or misrepresentation in this application or my resume shall result in termination of employment. I hereby give authorization to conduct any necessary and reasonable investigation with the respect to my application and release this company, my former employers and my personal references from any liability from damage caused by giving and receiving information or opinions as to my employment or character. I understand if offered employment, I will be an At-Will employee, and my employment is not for a definite period and that all terms and conditions of employment are subject to change without notice. I further understand that if offered employment, I will be bound by all company policies and procedures, including a drug/alcohol screen as well as verification of documentation by the Social Security Administration. If employed, I will be subject to an introductory period which can, at the employer's discretion, be extended.

SIGNATURE: _____

DATE: _____

Alliance Ag Equipment is an Equal Opportunity Employer. Prospective employees will receive consideration without regard to race, color, religion, sex (except where sex is a bonafide occupational qualification), age, national origin, disability, veteral status, or any other legally projected status.