

Ag Plus Developments, Inc.
10736 Markert Ave.
Tallula, Illinois 62688
Phone: 217-634-4123 Fax: 217-634-4487
Email: Donna@agplus1.com

APPLICATION FOR EMPLOYMENT

NOTE TO APPLICANT: This application is used to evaluate your qualifications for employment with Ag Plus Developments, Inc. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. Ag Plus Developments, Inc is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state or local laws. *If you receive a conditional offer of employment from the company, additional testing of job-related skills, a pre-employment physical (including a drug test), and a criminal background check may be required.*

Position(s) applied for _____ Date of application _____

PERSONAL INFORMATION

Name _____ Social Security Number _____

Address _____
Street Apt# City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth ___ / ___ / ___ Are you eligible for employment in the United States? () Yes () No

Have you worked for this company before? () Yes () No

Date: From ___ / ___ / ___ To ___ / ___ / ___ Reason for leaving _____

Are you available to work: () Full Time () Part Time () Temporary () Summer Only

On what date would you be available to work? _____

Are you on lay-off and subject to recall? () Yes () No

Can you travel if job requires it? () Yes () No

Would you accept employment () Out-of-town () Statewide () Unaccompanied by family?

Who referred you? _____ Rate of pay expected _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____

Name

City

State

Degree _____

DRIVER'S LICENSE INFORMATION

License Number _____ State _____ Expiration Date _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? () Yes () No

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? () Yes () No

If yes, explain _____

If the job for which you are applying includes driving, provide your Accident Record for the previous 5 years (Attach a separate sheet if more space is needed) If none, write none.

	Date	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident				
Next previous				
Next previous				

DRIVING EXPERIENCE (If the job for which you are applying includes driving)

What type of trucks or types and makes/models of construction equipment can you operate?

_____ Yrs. _____
_____ Yrs. _____
_____ Yrs. _____

What types of trucks or types and makes/models of construction equipment can you repair?

List any craft training programs or special courses you have taken:

EMPLOYMENT HISTORY

All applicants are required to provide the following information regarding his/her employment history. During periods of unemployment, list dates and write "unemployed" in employer information. List employers starting with most recent first. Add additional sheet if necessary.

EMPLOYER	Employed from (MO) (YR)
NAME	to (MO) (YR)
ADDRESS	Position
CITY STATE ZIP	Salary/Wage
SUPERVISOR	Reason for Leaving
PHONE NUMBER	May we contact? () Yes () No
FAX NUMBER	1 st CDL Employer? () Yes () No

EMPLOYER	Employed from (MO) (YR)
NAME	to (MO) (YR)
ADDRESS	Position
CITY STATE ZIP	Salary/Wage
SUPERVISOR	Reason for Leaving
PHONE NUMBER	May we contact? () Yes () No
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CITY STATE ZIP	Salary/Wage
SUPERVISOR	Reason for Leaving
PHONE NUMBER	May we contact? () Yes () No
FAX NUMBER	1 st CDL Employer? () Yes () No

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	RELATIONSHIP	YRS KNOWN

Tell us about you. Examples: abilities, strengths, special training or recognition, why do you want to work for us, what you can contribute to our success, anything else you would like to share-hobbies, other skills, etc.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Inquiries regarding medical history, as well as a criminal background check, will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge from employment. I understand, also, that if I am employed, I am required at all times to abide by all rules and regulations of Ag Plus Developments, Inc.

Applicant's Signature

Date

