

Famo Feeds, Inc. 446 Industrial Drive; PO Box 7 Freeport, MN 56331 320-836-2145 • 320-836-2200 Fax 800-450-2145 • www.famofeeds.com

APPLICATION FOR EMPLOYMENT

Notice: Substance and Alcohol Testing is required of applicant driver.

Famo Feeds, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

PERSONAL INFORMATION

Date: Social Securi	ity Number:				
Applicant Name:					
Last		First		Middle	
Is there any other name under which you have emplo	yment or education rec	cords? L1 Yes	☐ No If Yes, indicat	e name records are liste	ed under
Present Address:				Dates:	
Street	City	State	Zip Code	From	m To
Addresses for the past three (3) years:					
Previous Address:Street				Dates:	
Street	City	State	Zip Code	From	n To
5	•	F MORE SPACE IS N	,	40	
Phone Number: ()	Cell Number: ()	Are y	ou 18 years old or	older? □ Yes □ No
Email address:			_		
Are you authorized to work in the U.S.? \square Yes \square	No F	Referred by:			
State the name of any friends, relatives (other than s	pouse) already en	nployed by this co	mpany		
POSITION DESIRED					
Position:	Date you ca	an Start:		Salary desired:	
Availability (please circle): Full time Par	rt time T	emporary	Day Shift	Night Shift	Seasonal
Have you previously worked for this company?] Yes □ No If	f so, from	to		
Reason for leaving:	F	ormer supervisor	(s) at this company	/:	
How did you learn of this opening?					
EDUCATION (may or may not be considered depend	ding on job applied	for)			
	Circle Last	Did you	If Yes,		ubjects
Name and Location of School	Year Completed	Graduate?	Year Graduated	Studies	& Degree (s)
High School		П.V	O a a a a a a a a a a a a a a a a a a a		
	1 2 3 4	☐ Yes ☐ No			
College					
College	1 2 3 4	☐ Yes ☐ No			
Trade, Business. Vocational, or Graduate School	4 0 2 4	☐ Yes			
	1 2 3 4	□ No			
Military Service / Branch	1 2 3 4	☐ Yes ☐ No			
Other education or training:					
Other special skills:					

Employment HistoryPlease provide information on past employers during the **proceeding 10 years**, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer: _				Position Held:			
Address:	Street	City	Zip Code	From	(Date)	_ To (Date)	
Duties:		——————————————————————————————————————		Reason for Leaving:			
Contact Pers	son:	PI	hone Numb	er:	May we co	ntact: □ Yes	□ No
Did you oper	rate a Commercial Motor V	ehicle for this employer?	□ Yes	□ No			
Were you su	bject to the Federal Motor	Carrier Safety Administration	n Regulatio	ns while employed with thi	s employer? [□ Yes □ No	
Were you su	bject to alcohol and contro	olled substance testing requir	rements und	der 49 CFR part 40?	□ Yes □	□ No	
List type of e	equipment operated for this	s Employer, if applicable: (i.e	. Tractor Tr	ailer, Bobtail, Straight Truc	k, Forklift, etc.)		
				D ** 11.11			_
				Position Held:			
	Street	City	Zip Code		(Date)	_ To (Date)	
				Reason for Leaving:			
Contact Pers	son:	PI	hone Numb	er:	May we co	ntact: □ Yes	□ No
Did you oper	rate a Commercial Motor V	ehicle for this employer?	□ Yes	□ No			
Were you su	bject to the Federal Motor	Carrier Safety Administration	n Regulatio	ns while employed with thi	s employer? D	☐ Yes ☐ No	
Were you su	bject to alcohol and contro	olled substance testing requir	rements und	der 49 CFR part 40?	□ Yes □	□ No	
List type of e	equipment operated for this	s Employer, if applicable: (i.e.	. Tractor Tr	ailer, Bobtail, Straight Truc	k, Forklift, etc.)		
Employer: _				Position Held:			
Address:	Street	011	7'. 0. 4.	From	(Date)		
Duties:		City	Zip Code	Reason for Leaving:	` '	(Date)	
Contact Pers	son:	Pl	hone Numb	er:	May we co	ntact: □ Yes	□ No
Did you oper	rate a Commercial Motor V	'ehicle for this employer?	□ Yes	□ No			
Were you su	bject to the Federal Motor	Carrier Safety Administration	n Regulatio	ns while employed with thi	s employer? [□ Yes □ No	
Were you su	bject to alcohol and contro	olled substance testing requir	rements und	der 49 CFR part 40?	□ Yes □	□ No	
List type of e	equipment operated for this	s Employer, if applicable: (i.e.	. Tractor Tr	ailer, Bobtail, Straight Truc	ck, Forklift, etc.)		

EXPERIENCE AND QUALIFICATIONS – DRIVERS

Drivers License #	Stat	e:	Ехр	oiration Date	:	
	nd Forfeitures for the past five (5) years (0 onvictions in the past five years than write					
Date	Location	Charge			Penalty	
	Location I a license, permit or privilege to operate a morivilege ever been suspended or revoked:	Charge otor vehicle?	□ Yes	□ No	Penalty	
	ther of the two previous questions, attach	-	ing the	details)		
ACCIDENT RECORD	FOR THE PAST FIVE (5) YEARS OF	R MORE				
Date Last Accident:	Nature of Accident (Head-on, Rear-end, Upset, Etc)) Fatality		Injury	Non-Inj	ury
Next Previous:						
Next Previous:						
If you need more room, ye	ou may attach another sheet of paper.					
REFERENCES Give below the name of three	ee persons <u>not</u> related to you, whom you hav	ve known for at le	east one	year.		
Name	Address	Phone #	ŧ	How A	cquainted	Years Acquainted
GENERAL INFORMATION Are you currently on layoff	TION status and subject to recall by your current er	mployer?	□ Yes	□ No		
If you are hired, do you inte	nd to make this job your primary employmen	t?	☐ Yes	□ No		
Do you intend to work at an	y other jobs in addition to the one you are ap	plying for?	☐ Yes	□ No		
TO BE READ AND SI	GNED BY APPLICANT					
authorize any present/forme may have regarding me, ar	tatements are true and correct. I authorize the er employer, person, firm, corporation, credit and I understand that any misrepresentation or discation, I release the Company and all provides	agency or governomission shall b	nment aç ve cause	gency to give for dismissa	the Company ar I. In consideratio	ny information they n of the prospective
personnel recruiter, intervie employment for any specific be construed as a contract.	oyed, I will conform my conduct to the Compa ewer or other representative other than an offi ed period and that any employment manuals I further understand that nothing contained by benefit, and THAT I HAVE THE RIGHT TO	icer of the Compa or handbooks th in this application	any has a at may b n, or the q	authority to e e distributed granting of a	enter into any agre to me during my n interview create	eement for employment shall not es a contract for either
Date	Signature:					





