

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 Security	Number:				
Applicant Name:					
Last		First		Middle	
Is there any other name under which you have employme	ent or education record	ds? 🗆 Yes 🛛 [☐ No If Yes, indicate	name records are liste	d under
Present Address:				Dates:	
Street	City	State	Zip Code	From	То
Addresses for the past three (3) years:					
Previous Address:				Dates:	
Street	City	State	Zip Code	From	То
(4	ATTACH SHEET IF N	IORE SPACE IS NEE	DED)		
Phone Number: () Ce	ell Number: ()	Are yo	ou 18 years old or o	older? 🗆 Yes 🗆 No
Email address:					
Are you authorized to work in the U.S.? Yes No	Ref	erred by:			
State the name of any friends, relatives (other than spot	use) already empl	oyed by this com	pany		
POSITION DESIRED Position:	Date you can	Start:		Salary desired: _	
Availability (please circle): Full time Part ti	-	nporary [Night Shift	Seasonal
Have you previously worked for this company?	es ⊡ No lfso	o, from	to	-	
Reason for leaving:	For	mer supervisor(s)) at this company:		
How did you learn of this opening?					
EDUCATION (may or may not be considered depending					
	Circle Last	Did you	If Yes,	Su	bjects
Name and Location of School	Year	Graduate?	Year	Studies 8	& Degree (s)
High School	Completed		Graduated		
rigi ocioli	1234	□ Yes □ No			
College	1234	□ Yes □ No			
Trade, Business. Vocational, or Graduate School	1234	□ Yes □ No			
Military Service / Branch	1234	□ Yes □ No			

Other education or training:

Other special skills: ____

Employment History Please 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 C	Definition of the second secon
Duties:	
Contact Person: Phone N	umber: May we contact:
Starting Salary: Final Salary _	
Did you operate a Commercial Motor Vehicle for this employer? $\hfill \Box$ Y	es 🗆 No
Were you subject to the Federal Motor Carrier Safety Administration Regu	ations while employed with this employer? \Box Yes \Box No
Were you subject to alcohol and controlled substance testing requirement	under 49 CFR part 40? □ Yes □ No
List type of equipment operated for this Employer, if applicable: (i.e. Tract	r Trailer, Bobtail, Straight Truck, Forklift, etc.)
Employer:	Position Held:
Address:	From To
Street City Zip C	ode (Date) (Date)
Contact Person: Phone N	
Starting Salary: Final Salary	
	es 🗆 No
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Employer:	Position Held:
Address:	From To
Street City Zip C	de (Date) (Date) Reason for Leaving:
Contact Person: Phone N	umber: May we contact:
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Were you subject to alcohol and controlled substance testing requirement	under 49 CFR part 40?
List type of equipment operated for this Employer, if applicable: (i.e. Tract	r Trailer, Bobtail, Straight Truck, Forklift, etc.)

EXPERIENCE AND QUALIFICATIONS – DRIVERS

Drivers License #		Sta	ite:	Expirati	ion Date:	
		orfeitures for the past five (5) years (ctions in the past five years than writ		•	,	
Date		Location	Charge		Penalty	/
Date		Location	Charge		Penalty	
Have you ever b	een denied a lic	ense, permit or privilege to operate a m	notor vehicle?	🗆 Yes 🗆] No	
Has any license,	permit or privile	ege ever been suspended or revoked:		🗆 Yes 🗆] No	
(If the answer is	s yes to either (of the two previous questions, attach	n a statement giv	ving the deta	ils)	
ACCIDENT R		R THE PAST FIVE (5) YEARS O	R MORE			
		Nature of Accident				
	Date	(Head-on, Rear-end, Upset, Etc	c) Fatality	In	jury	Non-Injury
Last Accident:						
Next Previous: _						
Vext Previous:						
NOALT TOYIOUS.						

If you need more room, you may attach another sheet of paper.

REFERENCES

Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	Phone #	How Acquainted	Years Acquainted

GENERAL INFORMATION

Are you currently on layoff status and subject to recall by your current employer?	□ Yes	□ No
If you are hired, do you intend to make this job your primary employment?	□ Yes	□ No
Do you intend to work at any other jobs in addition to the one you are applying for?	□ Yes	□ No

TO BE READ AND SIGNED BY APPLICANT

I certify that the foregoing statements are true and correct. I authorize the Company to make investigation of my personal or employment history and authorize any present/former employer, person, firm, corporation, credit agency or government agency to give the Company any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to the Company's rules, regulations and personnel policies. I understand that no personnel recruiter, interviewer or other representative other than an officer of the Company has authority to enter into any agreement for employment for any specified period and that any employment manuals or handbooks that may be distributed to me during my employment shall not be construed as a contract. I further understand that nothing contained in this application, or the granting of an interview creates a contract for either employment or providing any benefit, and THAT I HAVE THE RIGHT TO TERMINATE EMPLOYMENT AT ANY TIME AND THAT THE COMPANY HAS THE SAME RIGHT.

Date_

Signature: ____

