



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, age, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Date of Application: _____

APPLICANT INFORMATION

Position Applied For		
How did you hear about this position?		
NAME (Last, First, Middle)		
Street Address		Apt. No.
City	State	Zip Code
Phone Number(s)	Email Address	
Are you legally eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Have you previously been employed by New Vision Co-op or a company that is now part of New Vision Co-op's operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Do any of your friends or relatives, other than spouse, work here?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s):
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What date are you available to start work?		_____
What is your desired salary range?		_____
Availability: <input type="checkbox"/> Full-Time – Shift(s) available: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Part-Time – Times/Days available: _____ <input type="checkbox"/> Seasonal – Dates available: _____ – _____		
DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB. Can you perform the essential functions of the job, for which you are applying, either with or without an accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

New Vision Co-op is an Equal Opportunity Employer

EDUCATION/TRAINING

	Name and Location	Course of Study	Program Completed? Y/N	
High School			Y	N
College/University/Professional School			Y	N
Trade/Technical/Vocational Training			Y	N
Other (Specify)			Y	N

List appropriate Licenses, Certificates or Registrations held	Class	Number	Expiration

Please describe any specialized training, apprenticeship and/or education.

ACTIVITIES/SKILLS

Please describe professional, trade, business, civic or volunteer activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Please summarize job-related skills and qualifications.

Special Skills (Check all that apply.)

Forklift
 Maintenance/Repair
 Typing WPM: _____
 Farm Equipment (list): _____
 Welding
 Internet
 MS Excel
 Operating Machinery (list): _____
 Warehouse
 Databases
 MS Word
 Other (list): _____

WORK EXPERIENCE

Please start with present or most recent employer.

Employer	Dates Employed		Work Performed
	From	To	
Address			
City/State/Zip			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Phone Number May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
City/State/Zip			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Phone Number			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
City/State/Zip			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Phone Number			
Reason for Leaving			

PROFESSIONAL REFERENCES

Please list professional references (other than friends or relatives) who are familiar with your work and/or educational qualifications.			
Name		Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Telephone Number	Relationship	Telephone Number	Relationship
Name		Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Telephone Number	Relationship	Telephone Number	Relationship

APPLICANT'S STATEMENT

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

I authorize New Vision Co-op to verify information concerning my previous employment, motor vehicle history and educational history. I authorize the employer to obtain information about me to verify the accuracy of information in this application, a related employment resume or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose.

I understand and agree that I may be required to take a post offer pre-employment physical examination and drug test as a condition of hire and continued employment. I agree to consent to take such test(s) at such time as designated by the company and to release the company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time, and the employer may discharge the employee at any time, with or without cause. No policy or practice of New Vision Co-op should be construed to change this relationship.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

New Vision Cooperative
 Attn: Human Resources
 38438 210th St.
 Brewster, MN 56119
 Fax: 507-842-2051
 Email: hr@newvision.coop



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