

# Country Visions Cooperative

## Retail Operations

Country Visions Cooperative is an Equal Opportunity / Affirmative Action employer. Qualified applicants will be considered for positions without regard to race, color, creed, religion, sex, sexual preference, national origin, age, marital status, veteran status, citizenship status, status with regard to public assistance, or disability. We may verify the information in your application, therefore, please review it for completeness and accuracy.

*Please print clearly - fill out completely.*

Name (first, middle, last)		Preferred first name	Today's Date
Social Security Number - -	Telephone Number ( )	Alternate Number ( )	Are you under 18 years of age? Yes No
Present Address		City/State	
Permanent Address		City/State	

Position Desired		Have you applied at Country Visions Cooperative before? ?Yes ?No If yes, when?
Date available to start work	Starting wage desired	Do you have the legal right to work in the United States?
Do you have a Valid driver's license? Yes No		Have you previously worked at Country Visions Cooperative?
Indicate the type of employment desired: Full-time Part-time Temporary Weekend hours On-Call Summer		
Referred to Country Visions Cooperative by:		If through a newspaper, please indicate specific ad

**Have you ever been convicted of a felony? Y N (Circle appropriate and explain ALL convictions.** \_\_\_\_\_

## Education

Circle highest year of school completed in each category.	High School	College/University				Graduate School				
	9 10 11 12	1 2 3 4				1 2 3 4 5				
Name of School (city, state)	Major Studies	Did you graduate? Yes or No	If yes, date of graduation	Degree/ Major	Cumulative GPA or Grade Average (A = 4.0)					
High School										
Business, Trade or Correspondence										
College (undergraduate)										
Attending school now: ?Yes ?No If yes, where?										
List subjects of special study or training										

## Employment History

May we contact your present employer for verification? Yes No	May we contact you at your place of business? Yes No Telephone ( ) _____
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Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

*Use separate paper if necessary.*

Dates/Salary	1. Full name of employer 2. Street 3. City, State, ZIP Code	4. Type of business 5. Position title 6. Name of Supervisor/telephone	Describe major responsibilities	Full time Part time Temporary
From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			
Dates/Salary	4. Full name of employer 5. Street 6. City, State, ZIP Code	7. Type of business 8. Position title 9. Name of Supervisor/telephone	Describe major responsibilities	Full time Part time Temporary
From (mo-yr)	1.			
	2.			
	3.			
To (mo-yr)	4.			
	5.			
	6.			
Ending Salary	Reason for leaving:			

### Business/Professional References

Name	Title	Company	Phone Number

# Understanding regarding conditions of employment

I hereby give Country Visions Cooperative the right to make a thorough investigation of my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information. I indemnify Country Visions Cooperative against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Country Visions Cooperative, and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding up Country Visions Cooperative, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that Country Visions Cooperative retains a similar right. I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States.

Applicants, who are offered employment with Country Visions Cooperative, will be subject to testing for use of illegal drugs according to company policy/procedure.

Signature	Date
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# Applicant Information Form

Country Visions Cooperative

## Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Driver License Information

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

## To be completed by Olson Pro Consulting, LLC.

Applicant hired?      **Yes**    **No**      Hire Date: \_\_\_\_\_