

PREVIOUS EMPLOYMENT										
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES	NO				
					<input type="checkbox"/>	<input type="checkbox"/>				
Company					Phone					
Address					Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
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May we contact your previous supervisor for a reference?					YES	NO				
					<input type="checkbox"/>	<input type="checkbox"/>				
DISCLAIMER AND SIGNATURE										
<p>I, the undersigned, certify</p> <p>(1) That I have read the foregoing employment application, and understand that failure to provide true and correct information will lead to non-hire or termination.</p> <p>(2) That I am the person described and duly qualified to work except as otherwise stated; and that if employed by the above named Corporation, I agree that such employment is made with the full right of the employer to terminate such employment at any time and for any reason, with or without notice.</p> <p>(3) I understand and agree that prior to employment, and from time to time during my employment, I may be required to take and pass a drug or alcohol screen as a condition of hiring or continued employment.</p> <p>(4) Upon an offer of employment as a condition of actually beginning employment, I hereby agree to submit myself, on request, to a thorough examination by physician of said Company's selection. I further understand and agree that the results of such examination may serve to disqualify me for a particular job or physician during the period of my employment. I will in no way hold the doctor or doctors who perform the examination, the clinic where the examination performed, or said Company responsible in any way.</p> <p>(5) I understand that part of the procedure for processing an employment application may be an inquiry concerning previous employment. I give the Company unconditional authorization to make such inquiry and release the Company from any and all liability or damages for compiling such information. I similarly release my past and present employers from any and all liability in connection with furnishing such information.</p> <p>(6) I understand that this application will be considered active for a period of six months only, and that I will not be considered for employment after six months from the date of this application unless I complete a new application at that time.</p> <p>(7) While performing duties for Posey County Coop, you may be required to work at a facility that is regulated by OSHA for Process Safety Management.</p>										
Signature							Date			