AGWAY

EMPLOYMENT APPLICATION

A-50 (F) (REV. 2/92) (36-0102)

PLEASE PRINT

Agway is committed to a Drug Free workplace. Applicants may be required to pass a drug screening test as a condition of employment.

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
NUMBER/STREET CITY STATE ZIP

DATE _____

AN EQUAL OPPORTUNITY EMPLOYER: Agway Inc. believes in providing equal opportunity for all and will not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability or veteran's status.

SOCIAL SECURITY NUMBER _____ TELEPHONE Area Code ( ) _____ Date available to start: ___/___/___

If not a U.S. citizen, what is your alien registration or visa classification number? _____

If seeking part time employment, state hours available _____

Are you 18 yrs of age or older? ☐ YES ☐ NO Have you applied for work with Agway previously? ☐ YES ☐ NO

EMPLOYMENT RECORD (List last position first and include U.S. military service — include at least (10) years of employment history, including part time.)

	COMPANY NAME AND ADDRESS	POSITION HELD AND DUTIES	DATES FROM MO.	DATES FROM YR.	DATES TO MO.	DATES TO YR.	WAGES AT LEAVING	NAME OF YOUR IMMEDIATE SUPERVISOR	REASON FOR LEAVING
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

EDUCATION

SCHOOL	NAME OF SCHOOL	LOCATION (CITY AND STATE)	COURSE	DID YOU GRADUATE? (IF NOT, WHY NOT?)
GRAMMAR				
HIGH SCHOOL OR PREP				
COLLEGE OR BUSINESS				DEGREE RECEIVED CUMULATIVE AVERAGE
CORRESPONDENCE OR OTHER				

HONORS OR AWARDS RECEIVED DURING HIGH SCHOOL OR COLLEGE

ADVISOR (HIGH SCHOOL OR COLLEGE)

EXTRA CURRICULAR ACTIVITIES, WHICH YOU CONSIDER RELEVANT TO YOUR ABILITY TO PERFORM THE JOB - MEMBERSHIPS/ASSOCIATIONS (present or past)

OTHER TRAINING AND/OR EXPERIENCE

(CONTINUED ON REVERSE SIDE)

ADDITIONAL INFORMATION:

WORK PREFERENCE: ☐ Full Time ☐ Temporary ☐ Part Time ☐ Summer

TYPE OF WORK YOU ARE APPLYING FOR (Check only positions you are **qualified** to perform)

GENERAL OFFICE
- ☐ Clerical
- ☐ Typist
- ☐ Secretary
- ☐ Numerical
- ☐ Bookkeeper
- ☐ Accounting
- ☐ Telephone Operator
- ☐ Insurance Rating
- ☐ Insurance Claims
- ☐ Credit/Collection
- ☐ Traffic
- ☐ Data Entry
- ☐ Word Processing
- ☐ Payroll
- ☐ Microfilming
- ☐ CRT Operator
- ☐ Other _____

TECHNICAL
- ☐ Computer Operator
- ☐ Computer Programmer
- ☐ Systems Analysis
- ☐ Entry Level
- ☐ Other _____

SKILLED
- ☐ Press Operator
- ☐ Graphic Arts
- ☐ Typesetter
- ☐ Other _____

UNSKILLED
- ☐ Maintenance
- ☐ Mail Clerk
- ☐ Supply Clerk
- ☐ Bindery
- ☐ Buildings & Grounds
- ☐ Other _____

SALES/SERVICE
- ☐ Agriculturally Related
- ☐ Energy Related
- ☐ Foods Related
- ☐ Insurance Related
- ☐ Other _____

MANAGERIAL/SUPERV.
- ☐ Mgt. Training
- ☐ Retail Operations
- ☐ Petroleum
- ☐ Finance
- ☐ Sales
- ☐ Analyst
- ☐ Finance
- ☐ Human Resources
- ☐ Accounting
- ☐ Research & Development
- ☐ Other _____

SKILLS INVENTORY: (Check All Applicable & Indicate Skill Level)

- ☐ Typewriter _____ WPM
- ☐ Add. Mach. _____ SPM
- ☐ Data Entry _____ KPM
- ☐ Dictaphone
- ☐ Calculator
- ☐ CRT
- ☐ Word Processing: Equipment _____
  Software _____
  Spec Programs (eg. LOTUS, D-Base, etc.) _____
- ☐ Other _____

SALARY REQUIREMENTS: _____

RELOCATION: ☐ YES ☐ NO Geographic Preference _____

REFERENCES: (List two occupational references we may contact. If there are none, list educational references.)

_____

_____

_____

_____

ADDITIONAL DATA - ALL DRIVING POSITION APPLICANTS

Are you 21 years of age or older? ☐ YES ☐ NO

Have you taken C.D.L. exam? ☐ YES ☐ NO

If yes, did you pass? If yes, date _____ ☐ YES ☐ NO

If yes, State issuing certification: _____

EXPERIENCE-LIST YEARS AND MONTHS DRIVING OF EACH

AUTOMOBILE _____ POLE TRAILER _____ LIGHT TRUCKS, UNDER 10,000 GVW (VAN, PICK-UP, STAKE RACK) _____ HEAVY STRAIGHT TRUCKS 10,000 GVW AND OVER _____

BUS _____ TANK TRUCK _____

TRACTOR TRAILER _____

FULL TRAILER _____ OTHER (LIST) _____

LIST ALL CURRENT MOTOR VEHICLE OPERATOR'S LICENSES OR PERMITS

ISSUING STATE	TYPE	NUMBER	EXPIRATION DATE

LIST EACH MOTOR VEHICLE ACCIDENT IN WHICH YOU WERE INVOLVED DURING THE THREE (3) YEARS PRECEDING DATE OF APPLICATION

DATE	NATURE OF ACCIDENT	FATALITIES OR INJURIES CAUSED (SPECIFY)

LIST ALL MOTOR VEHICLE LAW OR ORDINANCE VIOLATIONS (OTHER THAN PARKING TICKETS) OF WHICH YOU WERE CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE THREE (3) YEARS PRECEDING DATE OF APPLICATION

DATE	VIOLATION	AMOUNT	RESULTS

I HAVE ☐ OR HAVE NOT ☐ HAD MY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE DENIED, REVOKED OR SUSPENDED. IF YOUR ANSWER IS "YES" YOU MUST SUBMIT IN DETAIL THE FACT AND CIRCUMSTANCES INVOLVED. _____

Employment is conditional until results of your pre-placement physical and, if applicable, drug test results have been evaluated and information provided by you in this application has been verified.

I certify that the information on this application is true and correct to the best of my knowledge and I understand that any misrepresentation or omission of fact shall be cause for disqualification for employment or dismissal from employment. I hereby authorize an investigation of statements contained in the application and release from all liability and claims all persons and companies supplying information. I understand that my employment with the company would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or the company may terminate my employment at any time for any reason.

SIGNATURE OF APPLICANT _____ DATE _____