

FARMERS' ASSOCIATION IS A DRUG-FREE WORKPLACE

ALL JOB APPLICATIONS (POST-OFFER, PRE-PLACEMENT) AT
FARMERS' ASSOCIATION WILL UNDERGO TESTING FOR
SUBSTANCE ABUSE AS A CONDITION OF EMPLOYMENT. ANY
APPLICANT WITH A CONFIRMED AND VERIFIED POSITIVE
TEST RESULT WILL BE DENIED EMPLOYMENT.

PRE-EMPLOYMENT TESTING

- ❖ Once an offer of employment has been made and accepted, applicants will be required to submit to a urinalysis test at a laboratory chosen by Farmers' Association, and by signing a consent agreement will release Farmers' Association from liability.
- ❖ If a physician, official, or lab personnel have reasonable suspicion to believe that the job applicant has tampered with the specimen, the job applicant will not be considered for employment
- ❖ Farmers' Association will not discriminate against applicants for employment because of a history of drug or alcohol abuse. It is the current illegal use of drugs and/or alcohol, preventing employee from performing their jobs properly, that Farmers' Association will not tolerate.
- ❖ No employee may perform a job function unless the employee has received a controlled substance test result from a Medical Review Officer indication a verified negative test result.

NOTE: Direct deposit is a requirement of employment.

FARMERS' ASSOCIATION IS AN E-VERIFY EMPLOYER

**PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING CONSENT AND
RELEASE FORM**

I hereby consent to submit to urinalysis and/or other test as may be determined by Farmers' Association in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree the clinic chosen by Farmers' Association may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree to and hereby authorize the release of the results of said test to Farmers' Association. I understand that it is the current illegal use of controlled substances (drugs) and/or abuse of alcohol that prohibits me from being employed at Farmers' Association.

I further agree to hold Farmers' Association and its agents (including clinics or physicians) from any liability arising in whole or part out of the collection of specimens, testing and use of the information from said testing in connection the company's consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent and release form may have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name (print)

Applicant Signature

Date

Witness Name (print)

Witness Signature

Date

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name		

Address Number	Street	City	State	Zip Code

Telephone Number (s)	Home	Cell		

If you are under 18 years of age, can you provide required Proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Statue? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job required it? Yes No

Have you been convicted of a felony within the last 7 Years? Yes No

If Yes, please explain _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

INDICATE ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ AND/OR WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with you present or last job. Indicate any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly/Rate Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly/Rate Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly/Rate Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS Check Skills/Equipment Operated

		Production Mach.	Other (list)
<input type="checkbox"/> Computer	<input type="checkbox"/> Fax	<input type="checkbox"/> Forklift	<input type="checkbox"/> CDL (Class A or B)
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word	<input type="checkbox"/> Shrink wrap Mach.	_____
<input type="checkbox"/> Cash Register	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Internet	<input type="checkbox"/> Email	_____	_____

REFERENCES

1. _____ () _____
 (Name) (Phone #)

_____ (Address)

2. _____ () _____
 (Name) (Phone #)

_____ (Address)

3. _____ () _____
 (Name) (Phone #)

_____ (Address)

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date