



An Equal Opportunity Employer

**WE ARE A DRUG FREE WORK PLACE**

P.O. Box 1166	1775 S. Central Ave.	P.O. Box 1379
Williston, ND 58802	Sidney, MT 59270	Miles City, MT 59301
(701) 572-0767	(406) 488-8066	(406) 234-2309

**EMPLOYMENT APPLICATION**

**PERSONAL DATA**

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a CDL (commercial driver's license)? Yes or No

If applying for Sax Electric please check which one applies to you:

License type:  Master  Journeyman  Apprentice  None

License number and state(s): \_\_\_\_\_

Other Professional Licenses: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No: \_\_\_\_\_

In Case of Emergency Notify: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary/Hourly Desired: \_\_\_\_\_

Type of Employment Desired: Full Time Part-time Temporary Seasonal

Available for: Weekend Holidays Rotating Shifts On-Call

Do you have relatives employed by Agri? Yes No If yes, Name of Relative: \_\_\_\_\_

Are you employed now: Yes or No If so may we inquire of your present employer? Yes or No

Have you ever been convicted of a felony? Yes or No

If yes, please explain: \_\_\_\_\_

A "yes" answer will not automatically disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime as it relates to specific occupational categories and rehabilitation will be considered.

Are you a veteran of military service? Yes or No

**EDUCATION**

CIRCLE HIGHEST SCHOOL GRADE COMPLETED: 8 9 10 11 12

Do you have a degree outside of high school: Associates Bachelors Masters Doctorate

Name of school attended for degree: \_\_\_\_\_

Date completed: \_\_\_\_\_ Major: \_\_\_\_\_ Vocational Training: \_\_\_\_\_

**WORK EXPERIENCE (Applicants with CDL's List Last 10 Years Of Employers-All Others List Last 3 Years)**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Description (duties, skills, vehicles & equipment used): \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Were you subject to FMCSA while employed at this employer? Yes or No Supervisor's Name: \_\_\_\_\_

Was this job designated as a safety sensitive function subject to alcohol & controlled substance testing? Yes or No

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Job Description (duties, skills, vehicles & equipment used): \_\_\_\_\_

Dates of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

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Was this job designated as a safety sensitive function subject to alcohol & controlled substance testing? Yes or No

Have you ever had a motor vehicle permit or license denied, revoked or suspended? Yes or No If yes please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever refused to take or failed a pre-employment or any other type of drug test in the past 3 years? Yes or No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

List any traffic violations, other than parking, or accidents you have been involved in during the past 3 years. Specify date & nature of each, if none please state NONE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***ADDITIONAL INFORMATION***

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**Skills and Qualifications.** Summarize any training, skills, and areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any health care, business, or industrial equipment operated.

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***REFERENCES***

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Work References:

Name/Job Title	Company/Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Personal References (not related):

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that all information I have provided in order to apply for and secure work with Agri Industries, Inc. is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from Agri Industries, Inc. service, whenever it is discovered.

I expressly authorize Agri Industries, Inc. and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Agri Industries, Inc. or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Agri Industries, Inc. does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that completion of this Application for Employment does not guarantee that Agri Industries, Inc. has employed me.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_