

AG PRODUCTION ENTERPRISES, INC.

Employment Application

All applicants will receive consideration without discrimination of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? ____ Yes ____ No If yes: Month & Year _____			Social Security #
Position Desired			Pay Expected
Are you available for full-time work? ____ Yes ____ No If not, what hours can you work? _____			Will you work overtime if asked? ____ Yes ____ No
Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

EDUCATION

School	Name & Location of School	Course of Study	No. Of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/Technical					
High School					

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes", what Branch? _____

Describe any training received relevant to the position for which you are applying.

The information requested below is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal Law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, and sexual preference.

How Long at Present Address? _____ How Long at Previous Address? _____

What was your Previous Address? _____

Are you over 18 years of age? Yes No If not, employment is subject to verification of age.

Have you ever been bonded? Yes No

If "Yes", with what employers? _____

Are you a U.S. Citizen? Yes No Sex: Male Female

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

Yes No If "Yes", describe in full.

State names of relatives and friends working for us, other than your spouse.

IMPORTANT NOTE...

Many of our positions require driving company vehicles.

Allowing employees to drive company vehicles is subject to approval by our insurance company.

Signing this application gives us permission to run a Motor Vehicle Run Report on your driving record.

Please list below any known problems with your driving record, which could cause the insurance to exclude you from eligibility to drive company vehicles.

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

_____ *Date*

_____ *Signature*

Please give accurate, complete full-time and part-time employment record.
Start with your present or most recent employer.

EMPLOYMENT HISTORY

Company Name Telephone ()	May We Contact? ___ Yes ___ No If No, Why?
Address	Employed - (State month and year) From To
Name of Supervisor	Hourly Pay Start Last Average Hours/Week
State Job Title & Describe Your Work	Reason for Leaving

Company Name Telephone ()	May We Contact? ___ Yes ___ No If No, Why?
Address	Employed - (State month and year) From To
Name of Supervisor	Hourly Pay Start Last Average Hours/Week
State Job Title & Describe Your Work	Reason for Leaving

Company Name Telephone ()	May We Contact? ___ Yes ___ No If No, Why?
Address	Employed - (State month and year) From To
Name of Supervisor	Hourly Pay Start Last Average Hours/Week
State Job Title & Describe Your Work	Reason for Leaving

Company Name Telephone ()	May We Contact? ___ Yes ___ No If No, Why?
Address	Employed - (State month and year) From To
Name of Supervisor	Hourly Pay Start Last Average Hours/Week
State Job Title & Describe Your Work	Reason for Leaving

If you would like to list any personal references other than previous employers, please list them below.
 Be sure to include a telephone number. No family members preferred.

PERSONAL REFERENCES

1	Reference Contact Name:	Telephone ()
	Address	
	How are you acquainted?	
2	Reference Contact Name:	Telephone ()
	Address	
	How are you acquainted?	
3	Reference Contact Name:	Telephone ()
	Address	
	How are you acquainted?	

(Employer Use Only)

References Contacted

	Person Contacted	Results
1		
2		
3		

Interview Results

AG PRODUCTION ENTERPRISES, INC.
6564 W County Road 100 N
Greensburg, IN 47240

Driving Record Release Form

Consumer reports may be obtained as part of the Ag Production Enterprises, Inc. evaluation of my job application and/or employment. The reports may be procured by Witkemper Insurance Group or any other Insurer of Ag Production Enterprises, Inc. These reports may include my driving records, an assessment of my insurability under the Company's insurance coverages, or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes. I further give my permission to the insurer to share the information included in these reports with Ag Production Enterprises, Inc.

This permission remains in effect until cancelled in writing by either party.

Signature of Applicant/Employee

Date

Driver's License Number

Driver's License State

Date of Birth

Printed Name

Address

City, State, Zip