



THE McGREGOR COMPANY

APPLICATION FOR EMPLOYMENT

We, the people of The McGreggor Company, are pleased that you have decided to apply for employment with our company. If you need assistance in completing this application, please contact the HR Department at 509-397-4355. Each section and question must be fully and accurately answered. No action will be taken on an incomplete application. Use blank paper if you do not have enough room on this application form. **PLEASE PRINT**, except for signature on last page of Application. All information will be available only to persons who have a "need to know" or as required by law.

This application is current for thirty (30) days, after which time if you have not heard from us and still wish to be considered for employment it will be necessary for you to complete a new application.

Position Applied For	Location of Position	Date of Application
How did you learn about The McGreggor Company ?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name		
Address		City	State	Zip Code
Phone #		Email Address		

Are you legally qualified to work in the United States? Yes No
(Federal Law requires proof of identity and employment authorization for all new employees.)

Are you under 18 years of age? Yes No

Have you ever filed an application with The McGreggor Company before? Yes No
If Yes, give date _____

Have you ever been employed with The McGreggor Company before? Yes No
If Yes, give date _____

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No

On what date would you be available for work? _____

Are you seeking Full Time Part Time Temporary/Seasonal employment?

Can you travel if a job requires it? Yes No

Background checks will be performed on all applicants if an offer of employment is extended.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

High School

NAME	LOCATION (CITY, ST)	DIPLOMA/GED
		<input type="checkbox"/> Yes <input type="checkbox"/> No

College/University

NAME	LOCATION (CITY, ST)	YEAR GRADUATED	DEGREE EARNED/FIELD OF STUDY

Vocational-Tech School/Specialized Training

NAME	LOCATION (CITY, ST)	YEAR GRADUATED	DEGREE EARNED/FIELD OF STUDY

Skills/Qualifications

Skills/Equipment Operated (check all that apply)

Basic Skill Level Achieved:	MS Office:	Agricultural/Mechanical	
<input type="checkbox"/> Computer	<input type="checkbox"/> Outlook	Machinery Operated (list):	Other (list):
<input type="checkbox"/> Math/Calculator	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Agronomics	<input type="checkbox"/> Word	_____	_____
<input type="checkbox"/> Truck Driving	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Mechanics	Other Programs:	_____	_____
	<input type="checkbox"/> _____	_____	_____
	<input type="checkbox"/> _____	_____	_____

Other Qualifications

<p>Summarize special job-related skills and qualifications acquired from employment or other experience. (Please <u>exclude</u> information that may disclose that you are a member of a protected class)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do you have any experience in an agricultural field of work (research, agronomy, harvest, etc.)? Yes No
 If yes, please list:

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job or occupation for which you have applied? Yes No

Employment Experience

Start with your present or last job. Account for all employment within the past 3 years. If you need additional space, please use a separate sheet of paper. Include any job-related military service assignments and job-related volunteer activities. You should exclude organizations which indicate race, age, marital status, color, religion, gender, national origin, disability, veteran or current military service, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Phone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Phone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Phone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Phone Number(s)				
	Job Title	Supervisor			
Reason for Leaving					Did you operate a commercial vehicle, as part of your employment experience? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any currently held licenses/certificates (including state pesticide licenses) relating to this position

	License/Certificate	Issuing State/Entity
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

References: include at least three professional references

1.	Name:	Phone #:
	Business:	Email:
2.	Name:	Phone #:
	Business:	Email:
3.	Name:	Phone #:
	Business:	Email:
4.	Name:	Phone #:
	Business:	Email:

Applicant's Statement

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character, and qualifications. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Furthermore, I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records.

Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I HAVE HAD AN OPPORTUNITY TO HAVE MY QUESTIONS ABOUT THIS STATEMENT'S CONTENT AND INTENT ANSWERED AND UNDERSTAND ITS TERMS.

Signature of Applicant

Date