



# APPLICATION FOR EMPLOYMENT

PO Box 546; Gibson City, IL 60936-0546  
PH: 800-222-2451 FX: 217-784-8949  
www.alliance-grain.com

**GENERAL APPLICATION INFORMATION:** Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process or to perform any essential element of the position sought. This application is good for 60 days. All questions must be fully answered before the Company will consider your application. State the facts. Employees may be terminated after hiring for misrepresentation on this application. We are an equal opportunity employer. - PRINT INFORMATION CLEARLY -

FIRST & LAST NAME: _____		DATE: _____	
PRESENT STREET ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
If at present address less than 2 years, please list prior street address...			
PRIOR STREET ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
PHONE: (____) _____	E-MAIL ADDRESS: _____		SS#: _____
POSITION SOUGHT: _____	FULL OR PART-TIME? _____	AVAILABLE START DATE: _____	

Are you 18 years of age or older? YES / NO

Do you have a valid driver's license? YES / NO

Are you legally able to be employed in the U.S.A.? YES / NO

If not a U.S. citizen, state current Visa or immigration status:  
\_\_\_\_\_

Have you been convicted of a misdemeanor or felony that still remains on your record? YES / NO If "YES," please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by:

- \_\_\_\_\_ Advertisement
- \_\_\_\_\_ Walk-in
- \_\_\_\_\_ Private Employment Agency
- \_\_\_\_\_ State Employment Agency
- \_\_\_\_\_ Current Employee
- \_\_\_\_\_ Educational Institution
- \_\_\_\_\_ Other \_\_\_\_\_

*If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship of immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.*

**PREVIOUS WORK EXPERIENCE:** Give employment record as completely as possible, starting with your present or last employer. Attach an additional sheet if necessary. Exclude names of employers which indicate, for example, race, color, religion, sex, disability or national origin. For any unemployed or self-employed periods, show dates and locations.

Are you employed now? YES / NO If yes, please list current employer first and indicate if we may contact.

1. COMPANY NAME: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON LEFT: \_\_\_\_\_  
 DUTIES PERFORMED: \_\_\_\_\_  
 SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ MAY WE CONTACT? YES / NO

2. COMPANY NAME: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON LEFT: \_\_\_\_\_  
 DUTIES PERFORMED: \_\_\_\_\_  
 SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ MAY WE CONTACT? YES / NO

3. COMPANY NAME: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON LEFT: \_\_\_\_\_  
DUTIES PERFORMED: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ MAY WE CONTACT? YES / NO

4. COMPANY NAME: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON LEFT: \_\_\_\_\_  
DUTIES PERFORMED: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ MAY WE CONTACT? YES / NO

**EDUCATION AND SPECIALIZED TRAINING:** Please list all education and training which you feel relates to the position applied for, such as: education, military training, accomplishments, experience, etc. Exclude names which indicate, for example, race, color religion, sex, disability or national origin.

1. INSTITUTION NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ # YEARS ATTENDED: \_\_\_\_\_  
DEGREE/CERTIFICATE: \_\_\_\_\_ DESCRIBE COURSE OF STUDY: \_\_\_\_\_  
HONORS/ACHIEVEMENTS/EXPERIENCES: \_\_\_\_\_

2. INSTITUTION NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ # YEARS ATTENDED: \_\_\_\_\_  
DEGREE/CERTIFICATE: \_\_\_\_\_ DESCRIBE COURSE OF STUDY: \_\_\_\_\_  
HONORS/ACHIEVEMENTS/EXPERIENCES: \_\_\_\_\_

3. INSTITUTION NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ # YEARS ATTENDED: \_\_\_\_\_  
DEGREE/CERTIFICATE: \_\_\_\_\_ DESCRIBE COURSE OF STUDY: \_\_\_\_\_  
HONORS/ACHIEVEMENTS/EXPERIENCES: \_\_\_\_\_

Please list and describe any other specialized training, apprenticeships, qualifications, skills, extra-curricular and civic activities that you would like for us to know about: \_\_\_\_\_

**REFERENCES:** Please include at least three references that are not family members or supervisors listed above.

1. NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

**APPLICANT'S STATEMENT:**

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application and I understand that any false or misleading information provided may result in my immediate discharge. I understand that this application is not a contract of employment and that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the Company is terminable-at-will. Any changes in this employment relationship must be made in writing.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug test will be required. I also understand that if I am employed by the Company, I may be required to submit to lawful searches of my property or person in certain instances.

I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Company deems appropriate.

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PRINTED NAME

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SIGNATURE

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DATE