



2626 Avenue South, PO Box 818, Fort Dodge, IA 50501
 Phone: (515) 955-2040 Fax: (515) 576-5344

“NEW Cooperative, Inc. is an equal opportunity employer and does not discriminate in employment practices on account of race, creed, color, national origin, ancestry, sex, age, martial status, veteran status, or disability.”

NAME(FIRST, MIDDLE, LAST)		PREFERRED FIRST NAME	TODAYS DATE
SOCIAL SECURITY -- --	TELEPHONE ()	ALTERNATE NUMBER ()	ARE YOU AT LEAST 18 YEARS OF AGE? YES NO
PRESENT ADDRESS		CITY/STATE	ZIP
PERMANENT ADDRESS		CITY/STATE	ZIP

Position Desired		Have you applied at NEW Cooperative before? _____ YES _____ NO	
Date available to start work	Starting wage desired	Do you have the legal right to work in the United States? _____ YES _____ NO	
Have you been subject to the FMCSRs+ while employed? _____ YES _____ NO	Will you relocate? _____ YES _____ NO	Have you previously worked at NEW Cooperative? _____ YES _____ NO	
Indicate the type of employment desired? ___ Full-time ___ Part-time ___ Temporary ___ Fall Seasonal ___ Spring Seasonal			
How did you find out about this position?		Have you ever been convicted of a crime other than a simple misdemeanor?	
Do you have any physical or mental condition which would prevent you from performing any of the essential duties of the job for which you are applying? Yes No			
If yes, are you requesting that the company make any type of accommodation?			

EDUCATION

Circle highest year of school Completed in each category	High School				College/University				Graduate School				
	9	10	11	12	1	2	3	4	1	2	3	4	5
Name of School (city, state)	Major studies				Did you Graduate?	Cumulative GPA or grade Average			Degree/Major				
High School													
Business, Trade or Correspondence													
College (undergraduate)													
College (graduate)													
Scholastic Honors, Scholarships, Assistantships, ECT.					Certifications:								
Attending school now? _____ YES _____ NO If yes, where?													
List subjects of special study or training													
Foreign language proficiency													

Dates/ Salary	1.Full name of employer 2.Street 3.City, State, Zip code	4.Type of business 5.Position title 6.Name of Supervisor/telephone	Describe major responsibilities	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
From mo-yr	1. 2. 3.			
To Mo-yr	4. 5. 6.			
Ending Salary	Reason for leaving			

Dates/ Salary	1.Full name of employer 2.Street 3.City, State, Zip Code	4.Type of business 5. Position title 6.Name of Supervisor/telephone	Describe major responsibilities	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
From Mo-yr	1. 2. 3.			
To Mo-yr	4. 5. 6.			
Ending Salary	Reason For Leaving			

BUSINESS/PROFESSIONAL REFERENCES

NAME	TITLE	COMPANY	PHONE NUMBER

PLEASE READ CAREFULLY!

“An applicant who is offered full or part time employment will be required as a condition of employment to participate and pass a drug screen to detect the use or presence of illegal substances as provided in company policy. I understand and agree that, if hired, my employment is at-will which means it is for an indefinite period of time and may be terminated by me or the company at any time with or without cause and without any advance notice regardless of the number of years of service with the company. I understand that this company has the right to investigate my driving record and past employment, education, and activities. I release from all liability all persons, companies and corporations supplying such information. I indemnify NEW Cooperative Inc. against any liability which might result from making such investigation. I understand that any false answer or statement or implications made by me in this application or other required documents may result in denial of employment or discharge.”

Date _____ Signature _____



Disclosure and Authorization For Release of Information

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history report and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

Authorization and Release To Obtain Information

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit NEW Cooperative, Inc. to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, worker's compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as NEW Cooperative, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer-reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize NEW Cooperative, Inc. to obtain and prepare an investigation consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name _____
Please print clearly

Signature _____
date