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| Skagit Farmers Supply Logo Color | | | | | | | | | | | **APPLICATION FOR EMPLOYMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please legibly print all information requested. Applications may be delivered to any Skagit Farmers Supply location or mailed to:* ***Skagit Farmers Supply*** *or emailed to:* ***HR@skagitfarmers.com***  ***Attn: Human Resources*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***PO Box 266***  ***Burlington, WA 98233*** | | | | | | | | | | | | | | | | | | | | | | | | Today’s Date: | | | | | | | |
| Last Name | | | | | | | | First Name | | | | | | | | | | | | | Middle Name | | | | | | | | | | | | | | Maiden Name | | | | | | | |
| Present address:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How long at current address? | | | | | | | |
| Previous address if less than three years:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | Email Address: | | | | | | | | | | | | | Are you under  Yes  age 18?  No | | | | | | | | | | Are you 21  Yes  or older?  No | | | | | | | | Are you currently authorized  Yes  to work in the united states?  No  *Proof of eligibility will be required if hired.* | | | | | | | | | |
| Position applied for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Wage desired: **$** | | | | | | | |
| Location:  Burlington Store  Mount Vernon Store  Sedro-Woolley Store  Stanwood Store  Oak Harbor Store  Freeland Store  Distribution Center  Agronomy Conway  Agronomy Burlington  Propane Dept.  Bulk Fuel Dept.  Corporate Headquarters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Days available to work:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat | | | | | | | | | | | | | | | | | | | | | | | | | | | Hours per week available to work: | | | | | | | | | | | | | | | |
| Employment desired:  Full Time Only  Part Time Only  Full or Part Time  Seasonal | | | | | | | | | | | | | | | | | | | | | | | | | | | When are you available to start work? | | | | | | | | | | | | | | | |
| Have you ever applied to or worked  Yes  for the company before?  No | | | | | | | | | | If “yes”, please explain (include date): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any friends, relatives or  Yes  acquaintances working for the company?  No | | | | | | | | | | If “yes”, state name and relationship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No  If no, describe the functions that cannot be performed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *The company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.*  *It is possible that a hire may be tested on skill/agility and may be subject to medical examination conducted by a medical professional.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School    Name Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | Years  Completed | | | | | | | | | | | | | Yes  No  Did you  graduate? | | Diploma  GED  Did not finish | |
| College    Name Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | Years  Completed | | | | | | | | | | | | | Yes  No  Did you  graduate? | | Major  or Degree | |
| Business or Trade School    Name Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | Years  Completed | | | | | | | | | | | | | Yes  No  Did you  graduate? | | Major  or Degree | |
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| **MILITARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever served  Yes  in the armed forces?  No | | | If “yes,” Date Entered:  Date Discharged: | | | | | | | | | | | | | | | Specialty: | | | | | | | | | | | | | | | | | Are you currently a member  Yes  of the National Guard?  No | | | | | | | |
| **DRIVING HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid  Yes  driver license?  No | | | | If “yes,” State  of Issue: | | | | | | | |  | | Driver  License #: | | | | | |  | | | | | | | | | | | | Expiration  Date: | | | | | |  | | | | |
| Type of License:  Non-CDL  CDL | | | | | | If CDL, please check  A  applicable class:  B  C | | | | | | | | | | | Please check applicable  Hazmat (H or X)  Doubles/Triples (T)  endorsements: Tank Vehicle (N or X)  Air Brake Restriction (K) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you had any accidents  Yes  during the past three years?  No | | | | | | If “yes,” how many? | | | | | | | | | | | Have you had any moving violations  Yes  during the past three years?  No | | | | | | | | | | | | | | | | | | | If “yes,” how many? | | | | | | |
| Have you had any suspensions or  Yes  revocations in the last three years?  No | | | | | | | | | Have you had any DUI, DWI, BAC, controlled substance  Yes  or open container convictions in the last five years?  No | | | | | | | | | | | | | | | | | | | | | Have you had any of the following violations in the last three years? (check all that apply)  20 mph or more over the speed limit.  Racing / exhibition driving.  Careless, reckless or imprudent driving. | | | | | | | | | | | | |
| What is your means of transportation to work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **COMPUTER SKILLS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typing:  Yes WPM:  No | | | | | | | Word  Yes  Processing:  No | | | | | | | | | | | | Spreadsheets:  Yes  No | | | | | | | | | | | | | | | 10-Key:  Yes  No | | | | | | | | |
| Please list specific computer applications / programs or other skills here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list two references other than relatives:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |  | | | Name: | | | | |  | | | | | | | | | | | | | | | | | |  |
| Relationship: |  | | | | | | | | | | | | | | | Relationship: | | | | |  | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | |
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| **IN CASE OF EMERGENCY CONTACT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | |  | | | Relationship: | | | |  | | | | | | | | Phone #: | | | | | |  | | | | |  |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please use this space to elaborate on any background, experience or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WORK EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list your work experience for the past seven years beginning with your most recent job held. Attach additional sheets if necessary. If you were self-employed, give business name. Resumes are not accepted in lieu of completing the work history listed on pages 3 - 5, but are accepted as a supplement to this application. Please explain any gaps in work history.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name: | | | | | | | | | | | | | Your Job Title: | | | | | | | | | | | | | | | Employment Dates:  From: To: | | | | | | | | | | | | | | |
| Address:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | Contact Person: | | | | | | | | | | | | | | | | | Name & Title of Last Supervisor: | | | | | | | | | | | | | | | | | | May we contact  Yes  this employer?  No | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employer Name: | | | | | | | | | | | | | Your Job Title: | | | | | | | | | | | | | | | Employment Dates:  From: To: | | | | | | | | | | | | | | |
| Address:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | Contact Person: | | | | | | | | | | | | | | | | | Name & Title of Last Supervisor: | | | | | | | | | | | | | | | | | | May we contact  Yes  this employer?  No | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name: | | | | | | | | | | | | | Your Job Title: | | | | | | | | | | | | | | | Employment Dates:  From: To: | | | | | | | | | | | | | | |
| Address:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | Contact Person: | | | | | | | | | | | | | | | | | Name & Title of Last Supervisor: | | | | | | | | | | | | | | | | | | May we contact  Yes  this employer?  No | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employer Name: | | | | | | | | | | | | | Your Job Title: | | | | | | | | | | | | | | | Employment Dates:  From: To: | | | | | | | | | | | | | | |
| Address:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | Contact Person: | | | | | | | | | | | | | | | | | Name & Title of Last Supervisor: | | | | | | | | | | | | | | | | | | May we contact  Yes  this employer?  No | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name: | | | | | | | | | | | | | Your Job Title: | | | | | | | | | | | | | | | Employment Dates:  From: To: | | | | | | | | | | | | | | |
| Address:    Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | | | | Contact Person: | | | | | | | | | | | | | | | | | Name & Title of Last Supervisor: | | | | | | | | | | | | | | | | | | May we contact  Yes  this employer?  No | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked with this company: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **APPLICATION STATEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you complete this application yourself?  Yes  No If not, who did? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **As indication that you have read and understood each sentence, please write your initials in the spaces provided below. If you are submitting this application electronically, your initials and signature will be required upon hire.**  In exchange for the consideration of my job application by Skagit Farmers Supply (also known as “AFCO Distribution & Milling” or “The Country Store”), (hereinafter called “the Company”), I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, \_\_\_\_\_ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, \_\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the CEO or Board of Directors of the Company.\_\_\_\_\_ Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason.\_\_\_\_\_ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.\_\_\_\_\_  I authorize investigation of all statements contained in this application. \_\_\_\_\_ I understand that the misrepresentation or omission of facts called for may be cause for dismissal at any time without any previous notice. \_\_\_\_\_ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and herby release the Company from any liability as a result of such contact. \_\_\_\_\_  I understand that, in connection with the routine processing of your employment application, the company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. \_\_\_\_\_ Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Signature of Applicant*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Date*** | | | | | | | | | | | | | |
| *Skagit Farmers Supply and its brands (also known as AFCO Distribution & Milling or The Country Store) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with AFCO Distribution & Milling depends solely on your qualifications.*  ***Thank you for completing this application and for your interest in our company.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |