

Ace Hardware | Cenex Convenience Stores | County Market Agronomy | Feed & Grain Services | Propane | Refined Fuels

www.medfordcoop.com | 715-748-2056

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, age, national origin, ancestry, physical or mental disability, or veteran status.

| PERSONAL DATA | | | | | | |
|--|--|--|--|--|--|--|
| Name Last First Middle Initial | | | | | | |
| If you have ever used another name, please provide name(s) | | | | | | |
| Present Address Street Apartment # City State Zip | | | | | | |
| Telephone (Home) Apartment # City State Zip Telephone (Cell/Business) | | | | | | |
| Have you ever worked for any department of the Medford Cooperative, Inc.? | | | | | | |
| If yes, what department? Dates: From To | | | | | | |
| Reason for Leaving Month/Year Month/Year Month/Year | | | | | | |
| Do you have any relatives who currently work for any department of the Medford Cooperative, Inc.? | | | | | | |
| If yes, give name, relationship, and department | | | | | | |
| Are you legally eligible for employment in the United States? Yes (proof required) No | | | | | | |
| Are you over the age of 18? | | | | | | |
| Have you ever been convicted of a crime other than a minor traffic violation? (This will not necessarily affect your application.) | | | | | | |
| ☐ Yes ☐ No ** If yes, please list all convictions including the date and an explanation: | | | | | | |
| | | | | | | |
| GENERAL INFORMATION | | | | | | |
| How were you referred to us? Self Employee Referral Online Other | | | | | | |
| Name of referral source | | | | | | |
| Position applying for Full Time Part Time Temporary (Until) | | | | | | |
| Department(s) interested in County Market Ace Hardware Convenience Store Other | | | | | | |
| NOTE: Please DO NOT submit more than one application. If interested in multiple departments, indicate that above. | | | | | | |
| Preferred MON TUES WED THURS FRI SAT SUN | | | | | | |
| Hours | | | | | | |
| | | | | | | |
| Please list any days or hours you are NOT AVAILABLE for work, including a brief explanation | | | | | | |
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| EDUCATIONAL BACKGROUND | | | | | | | | |
|------------------------|--|---|--------------|-------------------|-----------------------------------|--|--|--|
| | | Name and City | _ | You luate? | Course or Major | | | |
| High School | | | | | | | | |
| Technical School | | | | | | | | |
| College or University | | | | | | | | |
| Other | | | | | | | | |
| | | EMPLOYMENT HIST | ORY | | | | | |
| Are | you currently emp | loyed? If not, when was your la | st date of | employme | nt? | | | |
| | ve you been involur f yes, please provid | ntarily discharged or suspended from employmen e an explanation: | t in the pas | t five year | s? 🗌 Yes 🔲 No | | | |
| _ | | | | | | | | |
| | | recent employer, list full and part-time jobs, sumrent, and unemployment. Please leave no unexpla | | | | | | |
| 1. | Company Name | | | | | | | |
| | Address | | | | Employed (Month and Year) From To | | | |
| | Supervisor's Name and Title | | | Earnings Start | Last | | | |
| | Job Title | | | Reason for | Leaving | | | |
| | Duties (be specific, inc | clude equipment operated and supervisory responsibilities, if a | ny.) | | | | | |
| 2. | Company Name | | | Telephone | | | | |
| | Address | | | | (Month and Year) To | | | |
| | Supervisor's Name and Title | | | Earnings Start | Last | | | |
| | Job Title | | | Reason for | Leaving | | | |
| | Duties (be specific, include equipment operated and supervisory responsibilities, if any.) | | | | | | | |
| 3. | Company Name | | | Telephone () | | | | |
| | Address | | | Employed From | (Month and Year) To | | | |
| | Supervisor's Name an | d Title | | Earnings Start | Last | | | |
| | Job Title | | | Reason for | Leaving | | | |
| | Duties (be specific, inc | clude equipment operated and supervisory responsibilities, if a | ny.) | | | | | |

| EMPLOYMENT HISTORY (Continued) | | | | | | | | |
|--|---|----------------|----------------------------|--------------------------------------|------------|--|--|--|
| 4. | Company Name | | | Telephone () | | | | |
| | Address | | | Employed (Month and Year) From To | | | | |
| | Supervisor's Name and Title | | | Earnings Start | Last | | | |
| Job Title | | | | Reason for Leaving | | | | |
| | Duties (be specific, include equipment operated and supervisory respon | | | | | | | |
| In addition to your work history, are there other skills, qualifications, or experiences you would like us to consider (you may include volunteer work, school activities and honors, etc.)? | | | | | | | | |
| _ | | | | | | | | |
| - | | | | | | | | |
| - | REFERENCES | | | | | | | |
| Nar | ne | Years | Rela | tionship and Title | | | | |
| Con | npany | Known | | | | | | |
| Add | dress City | State | Hom | e Phone | Work Phone | | | |
| Name | | Years Known | Rela | Relationship and Title | | | | |
| Company | | | | | | | | |
| Add | lress City | State | Hom | e Phone | Work Phone | | | |
| Nan | ne | Years Known | Rela | tionship and Title | | | | |
| Con | npany | | | | | | | |
| Add | dress City | State | Hom | e Phone | Work Phone | | | |
| | SPECIAL | SKILLS | | | | | | |
| [| eck each of the following with which you have had experier Typing (WPM) CDL Driver Other (please list) | nce: | ☐ Cash Register ☐ Stocking | | | | | |
| Lis | t your strongest qualifications for employment. | | | | | | | |
| _ | | | | | | | | |
| _ | | | | | | | | |
| Wh | Why do you want to work for the Medford Cooperative, Inc.? | | | | | | | |
| _ | | | | | | | | |
| _ | | | | | | | | |

APPLICANT MUST READ AND SIGN

I certify that the information contained in this application is true and complete. I understand that any falsification or omission of information will be sufficient grounds for denial of employment, and if hired, for termination. I understand that employment is conditioned upon verification of the information contained herein.

I authorized the listed employers, schools, and references, as well as any other persons, schools, companies, credit bureaus, state licensing, law enforcement and other governmental agencies, to give the Medford Cooperative, Inc. (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. I release all parties from all liability, and agree not to file any claim, lawsuit or any other cause of action of any kind against any person or entity arising out of furnishing or use of such information.

In consideration of my employment by the Medford Cooperative, Inc., I agree to learn and conform with the Medford Cooperative, Inc. rules and policies. I further agree that I have the right to terminate my employment with proper notice at any time for any reason, and that the Medford Cooperative, Inc. also retains that right.

I have read and understood the above terms and conditions, and agree to them.

| Applicant Signature | Date |
|---------------------------|------------|
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| | |
| FOR OFFICE | USE ONLY |
| Date Application Received | |
| If Hired: | |
| Start Date | Department |
| Position | Salary |

This application will become inactive one year after the date of receipt.