

PENDLETON GRAIN GROWERS, INC. EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PGG POLICIES REQUIRE A PRE-EMPLOYMENT SUBSTANCE ABUSE SCREEN FOR ALL SUCCESSFUL APPLICANTS. TEST PAID FOR BY PGG.
(PLEASE PRINT)**

Position(s) Applied For				Date of Application	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

If Yes, please explain _____

Are you a U. S. Citizen Yes No

Proof of citizenship or immigration status will be required upon employment.

	Elementary School	High School	Undergraduate	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8 9	10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
State any additional information you feel may be helpful to us in considering	

Indicate any foreign languages you can speak, read, and/or write

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Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? () Yes () No

If Yes, please describe _____

Do you have any limitation which would prevent you from performing the job for which you are applying? () Yes () No

If Yes, please explain _____

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.	Employer	Dates Employed From To	WORK PERFORMED
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job Title Supervisor			
Reason for Leaving			
2.	Employer	Dates Employed From To	WORK PERFORMED
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job Title Supervisor			
Reason for Leaving			

3.	Employer	Dates Employed From To	WORK PERFORMED
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job Title Supervisor			
Reason for Leaving			
4.	Employer	Dates Employed From To	WORK PERFORMED
Address			
Telephone Number(s)		Hourly Rate/Salary Starting Final	
Job Title Supervisor			
Reason for Leaving			

Drivers Licenses

Do you have a valid driver's license? () Yes () No

If Yes, License No. _____ State _____

Do you have any C.D.L. endorsements on your license? () Yes () No

If Yes, list endorsements _____

Have you been convicted of any moving traffic violations in the past twelve (12) months? () Yes () No

If Yes, List Offenses _____

Have you ever been convicted of a felony, pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment, probation, or fine over \$500 during the last 10 years? (Conviction will not necessarily disqualify an applicant.) () Yes () No

If yes, Explain _____

Have you been convicted of Driving Under the Influence of Intoxicants (DUII) or agreed to participate in DUII Diversion Program in the last 5 years? () Yes () No

If yes, Explain _____

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials, and persons named as references. I also authorize you to conduct a driver record check, background check, which could include criminal and credit checks; annually thereafter as required for position. I hereby release all employers, schools, individuals and institutions from any liability for any damage, whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Date _____

Signature _____