



GRAIN MILLERS, INC.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Should you need reasonable accommodation when completing the application form or during the selection process, contact Human Resources or other designated company representative.

Please Print.

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Telephone Number (_____) _____ Mobile Number (_____) _____

E-mail address: _____

Referral Source:

- Advertisement
- Recruited by a friend or relative
- Internet site
- Job service or Employment Agency
- Live Nearby/Walk In
- Other _____

EMPLOYMENT DESIRED

Position Applied For _____

Do you want to work Full-time _____ Part-time _____ Temporary _____

Specify days and hours available, if part-time _____

Date available to start work _____ Salary Expectations _____

Have you applied for employment with the organization within the last 12 months? No Yes

Have you ever worked for us before? No Yes, from _____ to _____ Position _____

PRE-EMPLOYMENT INQUIRIES

Will you work overtime if required? No Yes

May we contact you at work? No Yes If yes, work number _____

Do you have valid drivers license? No Yes

Are you legally authorized to work in the United States? No Yes
Proof of eligibility documentation must be provided at time of hire as required by law.

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

MISCELLANEOUS

Have you ever been convicted of a crime? Yes* No

If yes, please provide date of conviction, state and county and describe circumstances _____

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination _____

**A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, recency, relevancy, work history, education and other circumstances will be considered.*

EMPLOYMENT HISTORY
(Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:		ADDRESS:		
TELEPHONE NUMBER:		POSITION:	BEGINNING WAGE:	ENDING WAGE:
DATES EMPLOYED: FROM: TO:		NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:				
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

NAME OF EMPLOYER:		ADDRESS:		
TELEPHONE NUMBER:		POSITION:	BEGINNING WAGE:	ENDING WAGE:
DATES EMPLOYED: FROM: TO:		NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:				
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

NAME OF EMPLOYER:		ADDRESS:		
TELEPHONE NUMBER:		POSITION:	BEGINNING WAGE:	ENDING WAGE:
DATES EMPLOYED: FROM: TO:		NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:				
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

NAME OF EMPLOYER:		ADDRESS:		
TELEPHONE NUMBER:		POSITION:	BEGINNING WAGE:	ENDING WAGE:
DATES EMPLOYED: FROM: TO:		NAME AND TITLE OF SUPERVISOR:		
REASON FOR LEAVING:				
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between the organization and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and the organization has the right to terminate my employment at any time, for any reason or no reason, with or without notice. The organization's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by Senior Management.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I understand that an offer of employment is contingent upon satisfactory results of a background check, physical exam and drug screen.
- Unless otherwise noted above, I authorize the organization and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide the organization any job-related information, personal or otherwise, they may have regarding me and I release the organization and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by the organization which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all of the organization's property must be returned and any indebtedness to the organization must be paid on or before my last day of work. I authorize the organization to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Date

(Signature of Applicant)

Affirmative Action Survey

Grain Millers, Inc. is committed to treating applicants and employees fairly, without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status with regard to public assistance, or sexual orientation.

As an employer, we comply with government regulations and affirmative action responsibilities. Among our responsibilities is the completion of reports that identify the characteristics of our applicants and employees.

The affirmative action survey helps us understand more about the applicants interested in Grain Millers, Inc. and our hiring practices. Survey information helps us to accurately complete government reports.

Providing the information on this page is **voluntary**. If you refuse to complete this page, it will not have a negative effect on your status as an applicant or possible future employment.

Today's Date: _____

Position(s) Desired: _____

Current Zip Code: _____

Your racial or ethnic group.

- White
- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Two or More Races

Considering both abilities and challenges, which term best describes you?

- Not disabled
- Disabled

Gender

- Male
- Female

Veteran Status

- Veteran
- Disabled Veteran
- Non Veteran

For office use only:

E – Executives/ Senior Manager/Director
T – Technical
C – Craft Worker
SW – Service Worker

M – First/Mid Level Managers
SW – Sales
O – Operative

P – Professional
A – Admin Support
L – Labors