

Application For Employment

Describe any specialized training, internships, skills, and extra-curricular activities:

EMPLOYMENT EXPERIENCE *(If you need additional space, please continue on a separate sheet of paper.)*

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

<u>Employer</u>	<u>Dates Employed</u>	<u>Work Performed</u>
_____	_____	_____
<u>Employer Address</u>	<u>Phone Number</u>	_____
_____	_____	_____
<u>Job Title</u>	<u>Supervisor</u>	<u>Reason for Leaving</u>
_____	_____	_____

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List professional, business, and volunteer activities and offices held.

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Please check the boxes that apply)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Production/Mobile Machinery (list) _____
<input type="checkbox"/> SPREADSHEET/XCEL	<input type="checkbox"/> OTHER COMPUTER PROGRAMS/SOFTWARE (please list)
<input type="checkbox"/> MICROSOFT WORD	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? (Circle One) YES NO

REFERENCES

1. _____ (Name) _____ (Phone)
2. _____ (Name) _____ (Phone)
3. _____ (Name) _____ (Phone)

Application For Employment

Attention Truck Driver Applicants

You must answer the following questions. Failure to do so will result in voiding of your application.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? Yes No
2. Have you ever tested positive for drugs and/or alcohol on a test required by the Federal Motor Carrier Safety Regulations? Yes No
3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)? Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Drivers: Please be informed that the above provided information will be used to conduct an investigation into the safety performance history and previous employers will be contacted to provide information.

You, as an applicant, have the following rights as listed in 49 CFR 391.23:

- The right to review information provided by previous employers
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to your prospective employer
- The right to have rebuttal statement attached to the alleged erroneous information, if your previous employer and you cannot agree on the accuracy of the information.

If you desire to review this safety performance history provided by a previous employer, you may do so by submitting a written request to us anytime from the date of application submittal or as late as 30 days after becoming employed with us or being notified of denial of employment.

Request to make corrections of information provided by previous employers must be submitted to that previous employer. You may report failures of previous employers to correct information or allow for rebuttal via procedures outlined in 49 CFR 386.12.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Madison Farmers Elevator Company
P.O. Box 228
Madison, SD 57042

Application For Employment

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks _____

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____
(Name and Title) Date