

- * Bulk Petroleum
- * Bulk Propane
- * Tire & Auto Center
- * Feed & Seed

- * Do it Best Hardware
- * County Market
- * Agronomy
- * Convenience Store



Medford Cooperative
Proud To Be Community Owned

160 Medford Plaza; P.O. Box 407; Medford, WI 54451
 715.748.2056 800.348.6909 Fax 715.748.2166
 www.medfordcoop.com

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) _____ Telephone (Cell/Business) _____

Have you ever worked for any department of the Medford Cooperative, Inc.? Yes No

If yes, what department? _____ Dates: From _____ To _____
Month/Year Month/Year

Reason for Leaving _____

Do you have any relatives who currently work for any department of the Medford Cooperative, Inc.? Yes No

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? Yes No – If no, please state birth date: _____

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? Newspaper Ad On my own An employee Other _____

Name of referral source _____

Position applying for _____ Full Time Part Time Temporary (Until _____)

Department(s) interested in County Market Do it Best Convenience Store Other _____

NOTE: Please DO NOT submit more than one application. If interested in multiple departments, indicate that above.

Preferred Hours	MON	TUES	WED	THURS	FRI	SAT	SUN

Please list any days or hours you are NOT AVAILABLE for work, including a brief explanation _____

What date would you be available to start work? _____

EDUCATIONAL BACKGROUND

	Name and City	Did You Graduate?	Course or Major
High School			
Technical School			
College or University			
Other			

EMPLOYMENT HISTORY

Are you currently employed? _____ If not, when was your last date of employment? _____

Have you been involuntarily discharged or suspended from employment in the past five years? Yes No

If yes, please provide an explanation: _____

Starting with the most recent employer, list full and part-time jobs, summer or volunteer work. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary.

1.	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 responsibilities, if any.)	

2.	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 responsibilities, if any.)	

3.	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 responsibilities, if any.)	

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 responsibilities, if any.)	

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

Name	Years Known	Relationship and Title	
Company			
Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Address City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Address City	State	Home Phone	Work Phone

SPECIAL SKILLS

Check each of the following with which you have had experience:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Typing (WPM _____) | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> CDL Driver | <input type="checkbox"/> Forklift | <input type="checkbox"/> Stocking |
| <input type="checkbox"/> Other (please list) _____ | | |

List your strongest qualifications for employment. _____

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** _____

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.



Addendum to Employment Application for Positions Requiring CDL

Name _____
Last First Middle Initial
 Social Security Number _____ Date of Birth (not discriminated against based on age) _____

ADDRESSES FOR PAST THREE YEARS

 _____ (How Long) _____
 _____ (How Long) _____
 _____ (How Long) _____

EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From/To	Approximate Number of Miles/Hours
Straight Truck			
Truck Tractor			
Semi-Trailer			
Material Handling Equipment			
Buses			
Fuel Trailers			
Pole Trailers			
Twin Trailers			
Other			

DRIVER'S LICENSES FOR THE PAST THREE YEARS (All driver's licenses for the past three years must be shown)

License No.	State	Class	Endorsements	Restrictions	Expiration Date

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 If yes, where? _____ When? _____

Is your license to drive suspended or revoked at this time, in any state? Yes No
 If yes, where? _____ When? _____ Why? _____

Has any license, permit, or privilege to drive EVER been suspended or revoked? Yes No
 If yes, where? _____ When? _____ Why? _____

Is your driving privilege limited in any way, such as probation, area of operation, limitations of hours, etc., at this time? Yes No
 If yes, why? _____ When? _____

Are you familiar with D.O.T. Motor Carrier Safety Regulations?

Yes No

Do you agree to follow them?

Yes No

List all unexpired commercial drivers' licenses:

State: _____ Expiration Date: _____ License Number: _____

State: _____ Expiration Date: _____ License Number: _____

MOTOR VEHICLE ACCIDENT RECORD

(List accidents for the past three years)

Date	Where	Nature of Accident (Head-On, Rear-End, Etc.)	Number of Injuries	Fatalities	Type of Vehicle You Were Driving

MOTOR VEHICLE LAW OR ORDINANCE MOVING VIOLATIONS FROM PAST THREE YEARS

(It is not required to include violations involving only parking)

Date	Where	Charge	Penalty	Conviction?	Forfeit Bond or Collateral?

Will you take a breath/urine test for drug and alcohol or controlled substances?

Yes No

Have you EVER been convicted for use of alcohol?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No

If yes, what type? Personal Commercial

If yes, what charge? _____

Have you EVER been convicted for use or possession of drugs or controlled substances?

Yes No

If yes, where? _____ When? _____

Was a vehicle involved? Yes No

If yes, what type? Personal Commercial

If yes, what charge? _____

Conviction will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.