

Ag Tech Drainage LLC
Application for Employment
(Equal Opportunity Employer)

General:

Name: _____
(First Name) (Middle) (Last Name)

Address: _____
(Address) (City) (State) (Zip Code)

Telephone: (_____) _____ - _____ Home Cellular

Date Available for Employment: _____

Are you employed now? Yes _____ No _____
May we contact your present employer? Yes _____ No _____
If yes, give employer's name, contact person and phone number:

If applying for a position where driving is required, do you have a valid driver's license in the State of Minnesota? Yes _____ No _____

Do you possess any endorsements? Yes _____ No _____
If yes, please state the type of endorsements _____

License Number: _____

Are you available to work Full-Time? _____ Part-Time? _____ Overtime? _____
(Yes/No) (Yes/No) (Yes/No)

Education:

	Elementary	Secondary	College
School Name	_____	_____	_____
Address	_____	_____	_____
City, State & Zip	_____	_____	_____
Years Completed (Please Circle Grade)	9 10 11 12		1 2 3 4
Courses Studied	_____	_____	_____
	_____	_____	_____

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Employment Experience: (In order, most recent first)

Employer _____ Supervisor's Name _____
Address _____ Job Title/Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Duties _____

What did you like most about your job? _____

What did you least like about your job? _____

Reason for leaving _____

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

I certify that all the answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **Ag Tech Drainage LLC** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all the rules and regulations of **Ag Tech Drainage LLC** as they presently exist or later modified. If hired, I understand that my employment can be terminated, at the discretion of **Ag Tech Drainage LLC** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **Ag Tech Drainage LLC** has the authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically state in a current written agreement signed by the President of **Ag Tech Drainage LLC**.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.