



Nelson Wholesale Services, Inc. or Ag-Mart Employment Application

Instructions to Application:

1. You must fully and accurately complete the application for employment. Incomplete applications will not be considered.
2. The application for employment will become inactive after 90 days. If you wish to be considered after that time, you must complete a new application of employment.

Personal Information:

Name: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> (Last) (First) (Middle) </div>	Date:
Address:	Phone Number:
City, State, Zip:	Email Address:
How Long at Present Address?	Best time/ way to contact you?
Previous Address:	Are you 18 yrs. old? Yes ___ No ___

Employment Desired: (circle one) Full-time Part-time

Please fill in the box with the days and times available for work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Position: _____ **Start Date:** _____

- **Are you employed now?** _____
- **If so, may we inquire of your present employer ?** Yes ___ No ___
- **Have you ever applied to this company before?** Yes ___ No ___ **If so, When?** _____
- **Have you ever worked for us before?** _____ **If yes, When?** _____
- **List friends or relatives working for us** _____

What qualifications do you have for the type of work you are applying for?

General:

- **Have you been in the Military?** Yes ___ No ___ From _____ To _____
 Rank and Grade _____ Are you now in any Reserve? _____
 List your duties performed _____
- **Are you legally eligible for employment in this country?** Yes ___ No ___
 (Proof of U.S. citizenship or immigration status will be required upon employment)
- **Are you on a lay-off and subject to recall?** Yes ___ No ___ **If yes, explain:** _____
- **Have you been discharged from another job?** Yes ___ No ___ **If yes, explain:** _____
- **Have you been convicted of a felony in the last (7) years?** Yes ___ No ___ **If yes, explain:** _____
- **What language, other than English, do you speak or write fluently?** _____
- **Do you smoke or use any tobacco products?** Yes ___ No ___ **If yes, explain:** _____

____ (Initial) **Important- you will be subject to random drug screenings in order to maintain employment.**

Education:	Name and location of school	Last year completed /Did you graduate?					
High School:		1	2	3	4	Yes	No
College:		1	2	3	4	Yes	No
Trade School/ Other		1	2	3	4	Yes	No

Business Experience - (List Last Job First)

Employer: _____ Your duties: _____
 Address: _____
 City: _____ State _____ Reason for Leaving: _____
 Dates worked: From _____ To _____
 Name of Supervisor _____ Salary: Beginning _____ Ending _____
 Phone: _____

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 Phone: _____

References: Give the names of 3 persons not related to you, whom you have known at least one year and of whom we may make inquiries.

Name:	Address:	Phone No.	Business/ Occ.
1.			
2.			
3.			

Is there any other relevant information we should have in considering your application? Yes ___ No ___
 If yes, explain. _____

Please read the following statements carefully before you sign and return the application.

I understand that if I am employed, any misrepresentation or omission of material facts on this application will be grounds for immediate termination of employment, regardless of when discovered. I authorize the Company to verify the information in this application and obtain additional information relating to my background. I further authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background.

If employed, I agree to conform to the rules and policies of the company; I understand that I will be an Employee-At-Will and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the company's option or mine; and that my initial employment will be on a ninety (90) day trial basis.

 Signature Date

***** Office Use Only *****

Date Employed _____ Position _____ Pay Rate _____

Follow up: Called _____ Emailed _____ Other _____