

STEPHENSON MARKETING COOPERATIVE, INC

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants will be considered for positions without regard to race, color, creed, religion, sex, sexual preference, national origin, age, marital status, veteran status, citizenship, or status with regard to public assistance or disability. We may verify the information in your application, therefore, please review it for completeness and accuracy.

Please print clearly - fill out completely.

PERSONAL DATA

NAME (first, middle, last)		PREFERRED FIRST NAME	TODAY'S DATE
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	ALTERNATE NUMBER	ARE YOU 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRESENT ADDRESS		CITY / STATE / ZIP	
PERMANENT ADDRESS (if different than above)		CITY / STATE / ZIP	

POSITION DESIRED		HAVE YOU APPLIED AT THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
DATE AVAILABLE TO START	STARTING WAGE DESIRED	DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	CAN YOU TRAVEL IF REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No %	HAVE YOU PREVIOUSLY WORKED FOR THIS COMPANY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Where?	
INDICATE THE TYPE OF EMPLOYMENT DESIRED? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Interim <input type="checkbox"/> Weekend hours <input type="checkbox"/> On-call <input type="checkbox"/> Summer			
REFERRED BY		IF THROUGH A NEWSPAPER, PLEASE INDICATE SPECIFIC AD	

CHECK EACH OF THE FOLLOWING IN WHICH YOU HAVE EXPERIENCE AND OPERATING SKILL:			PLEASE DO NOT WRITE IN THIS SPACE.
Indicate Skill (level) as: L (limited) I (intermediate) P (proficient)			
COMPUTER	MISCELLANEOUS	SKILL	
HARDWARE/SOFTWARE	SKILL	<input type="checkbox"/> Ten-key calculator	
<input type="checkbox"/> EXCEL		<input type="checkbox"/> Typing wpm	
<input type="checkbox"/> Microsoft Word			
<input type="checkbox"/> Access			
<input type="checkbox"/> Lotus			
<input type="checkbox"/> Accounting System:			

List any activities, hobbies, special skills, experience or other information you feel would be helpful in evaluating your qualifications. (e.g. professional organizations, inventions, published papers, licenses, volunteer work, positions in outside organizations). Do not list information revealing race, color, creed, religion, national origin, sex or ancestry.
LIST SPECIAL EXPERIENCE OR TRAINING FROM MILITARY SERVICE

Circle highest year of school completed in each category	HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	COLLEGE/UNIVERSITY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		GRADUATE SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Name of School (City, State)	Major Studies	Did you graduate? Yes or No	If yes, Date of graduation	Degree/Major	Cumulative GPA or Grade Average (A = 4.0)
High School			N/A	N/A	
Business, Trade or Correspondence					
College (undergraduate)					
College (undergraduate)					
College (graduate)					
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC.					
ATTENDING SCHOOL NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?					
LIST SUBJECTS OF SPECIAL STUDY OR TRAINING?					
FOREIGN LANGUAGE PROFICIENCY					

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR VERIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	MAY WE CONTACT YOU AT YOUR PLACE OF BUSINESS <input type="checkbox"/> Yes <input type="checkbox"/> No Telephone:
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Please begin with present or most recent employer. Account for full-time and part-time or temporary employment.

DATES/ SALARY	1. Full name of employer 2. Street 3. City, state, zip code	4. Type of business 5. Position title 6. Name of supervisor/telephone	DESCRIBE MAJOR RESPONSIBILITIES	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
FROM (mo/yr)	1.			
	2.			
TO (mo/yr)	3.			
present	4.			
SALARY <input type="checkbox"/> Mo or <input type="checkbox"/> Yr	5.			
	6.	Telephone		
	REASON FOR LEAVING			

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	2.			
TO (mo/yr)	3.			
	4.			
SALARY <input type="checkbox"/> Mo or <input type="checkbox"/> Yr	5.			
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	4.			
SALARY <input type="checkbox"/> Mo or <input type="checkbox"/> Yr	5.			
	6.	Telephone		
	REASON FOR LEAVING			

BUSINESS/PROFESSIONAL REFERENCES

NAME	TITLE	COMPANY	PHONE NUMBER

UNDERSTANDING REGARDING CONDITIONS OF EMPLOYMENT

I hereby give permission to thoroughly investigate my past employment, education and activities; and I release from all liability all persons, companies and corporations supplying such information, I indemnify the investigating company against any liability which might result from making such investigation. I understand that any false answer, statement, or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Additionally, I understand that nothing in this employment application or in the granting of an interview is intended to create a contract for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding, unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and that the company retains a similar right.

I understand that, if hired, I will be required to furnish proof of identity and right to work in the United States.

Applicants who are offered employment will be subject to testing for use of illegal drugs according to company policy/procedure.

SIGNATURE	DATE
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