



Panhandle Cooperative Association

P. O. Box 2188 • SCOTTSBLUFF, NEBRASKA 69363-2188
PHONE (308) 632-5301
FAX (308) 632-5375
www.panhandlecoop.com

Scottsbluff, NE
Bridgeport, NE
Alliance, NE
Dalton, NE
Kimball, NE
Torrington, WY
Burns, WY

We do not discriminate on the basis of race, religion, national origin, color, sex, age, handicap, or veteran status. All applicants will be given equal opportunity, and selection decisions are based on job-related factors. It is our policy to make reasonable accommodations for qualified individuals with a disability to enable such individuals to apply for work and be employed by the Company.

NAME (Last) (First) (Middle) (Telephone) (Email Address)

Address Street City State Zip How Long

Previous Address Street City State Zip How Long

Whom May We Contact If You Cannot Be Reached or In Case of Emergency?

Name Phone

Complete Address

How did you find out about us?

Position(s)/Location(s) Applied For:

Check the following options which you would consider:

Full-time Part-Time Seasonal, Specify days and hours if part time:

Are you over 18 years of age? Yes No

For jobs with minimum age requirements, you may be required to submit proof of age.

Are you a citizen of the United States or do you have a valid work permit? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Were you previously employed by Panhandle Coop? Yes No

If yes, Date Department

List any relatives working for Panhandle Coop:

Name(s)

Have you ever been convicted of a felony or misdemeanor? Yes No
(Conviction will not necessarily disqualify applicant from employment)

If yes, please describe the circumstances:

If necessary for the position, are you able to be bonded? Yes No

If no, please describe the circumstances:

Activities (Civic, Athletic, Fraternal, Etc.) Exclude organizations, the name or character of which indicate Sex, Age, Religion, Race, Color or National Origin of its members.

Have you ever served in the Armed Forces? Yes No

If so, which Branch Dates

WORK EXPERIENCE

List the last 10 years work experience **beginning with the most recent.**

Name of employer _____		Type of Business _____	
Address _____	City _____	State, Zip _____	Phone _____
Dates Employed From _____ To _____	Starting Title _____	Last Title _____	
Name & Title of Supervisor _____	May We Contact? Yes _____ No _____	Salary _____	
Was employment full-time or part time? _____			
Brief description of duties: _____			
Reason for Leaving: _____			

Name of employer _____		Type of Business _____	
Address _____	City _____	State, Zip _____	Phone _____
Dates Employed From _____ To _____	Starting Title _____	Last Title _____	
Name & Title of Supervisor _____	May We Contact? Yes _____ No _____	Salary _____	
Was employment full-time or part time? _____			
Brief description of duties: _____			
Reason for Leaving: _____			

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Address _____	City _____	State, Zip _____	Phone _____
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Name of employer _____		Type of Business _____	
Address _____	City _____	State, Zip _____	Phone _____
Dates Employed From _____ To _____	Starting Title _____	Last Title _____	
Name & Title of Supervisor _____	May We Contact? Yes _____ No _____	Salary _____	
Was employment full-time or part time? _____			
Brief description of duties: _____			
Reason for Leaving: _____			

EDUCATION & TRAINING

High School Complete Address Graduated Yes ___ No ___

College or University Complete Address Degree

Trade School Complete Address Graduated Yes ___ No ___

List any other education, training, special skills or certificates/licenses that you possess related to this job:

List any computer hardware, software, machines, or equipment you can operate: _____

Are you now attending school? Yes ___ No ___

Name of school: _____

Are you planning to attend school within the next year? Yes ___ No ___

Name of school: _____

Do you have a valid Driver's License? Yes ___ No ___

License No. _____ State _____

Commercial Driver's License? Yes ___ No ___ Endorsements: _____

List all moving violations during the last five years: _____

COMMENTS

Are there any experiences, skills or qualifications which you feel would especially qualify you to work with us? _____

REFERENCES

List three persons known, but not related, to you for at least three years.

Name Address/Business Phone/Years

1. _____

2. _____

3. _____

APPLICANT'S CERTIFICATION

I certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I understand that, if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management official is authorized to make any oral assurance or promise of continued employment and that any such promise or agreement must be in writing and signed by the President of Panhandle Coop. I further understand that I may be required to work overtime hours; hours outside a normally defined work day or work week; a different job or a new job or duties to accommodate workload variations and the reasonable needs of Panhandle Coop Association.

I affirm that I have a genuine intent to work for Panhandle Coop in applying for a job and that I am not making application for any other purpose. I understand that this certification is a material part of my application and, if hired, that the offer of employment to me was based in part on the application. My employment by Panhandle Coop, if hired, will be governed by the policies and procedures of Panhandle Coop as set forth in its Employee Handbook as modified from time to time and by the policies and procedures of Panhandle Coop.

I acknowledge that by signing in the space provided below that I have read the above statements and agreements and understand and agree to the same.

Print Name _____

Date _____

Applicant's Signature _____