



Legacy Cooperative
 PO Box 2188, 401 S. Beltline Hwy W
 Scottsbluff, NE 69361
 308-632-5301 Toll Free 800-732-4546
 www.legacycoop.com

Scottsbluff NE Hyannis NE
 Hemingford NE Kimball NE
 Alliance NE Oshkosh NE
 Bridgeport NE Martin SD
 Dalton NE Burns WY
 Gordon NE Torrington WY
 Hay Springs NE

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 Legacy Coop? Yes _____ No _____

If yes, Date _____ Department _____

List any relatives working for Legacy Cooperative:

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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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 Legacy 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 Legacy Coop Association.

I affirm that I have a genuine intent to work for Legacy 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 Legacy Coop, if hired, will be governed by the policies and procedures of Legacy Coop as set forth in its Employee Handbook as modified from time to time and by the policies and procedures of Legacy Coop.

Pre-Employment Drug Screen Consent:

I understand as a condition of my employment with Legacy Coop, I may need to submit to a controlled substance test, based on the position applied for. A sample may be collected and tested for controlled substances. I also acknowledge that if I test positive for use of a controlled substance, I will not be considered for employment with Legacy 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 _____