

Application for Employment



Member Cooperative

Equal Opportunity Employer

APPLICANT NAME _____

DATE _____

We are excited you are exploring opportunities with FS. Help us get to know you by adding details to your application below.

Required fields contain an asterisk () before the label and must be completed in order to submit your application.*

Please note: If you do not submit a resume, it is required for you to complete the work experience portion of the profile in order to be considered.

Documents

Resume

Optional Attachments: *Cover Letter*

PERSONAL INFORMATION

*First Name _____ Middle _____ *Last _____

*Street Address _____ *City _____

*State/Province _____ *Country _____ *Zip/Postal Code _____

*Primary Phone _____ Alternate Phone _____

*Email Address _____

JOB-SPECIFIC INFORMATION

Thank you for your interest in FS, an equal opportunity employer. Current employees are given first consideration for open positions. If and when your background and availability match the requirements for the position for which you have applied, you may be contacted for an interview.

Required fields contain an asterisk (*) before the label and must be completed in order to submit your application.

PERSONAL INFORMATION

* Position(s) for which you are applying _____

* How did you hear about this position? _____

If Employee Referral, Provide Name _____

Desired Job Type Full Time Part Time Intern Seasonal/Temporary

Date Available to Start _____

Minimum Salary Requirements _____

* Are you currently or have you ever worked for the GROWMARK System? No Yes

* Will you at any time require sponsorship to work in the country in which this position is located? No Yes

* Are you currently 18 years or older? No Yes

* Are you a current employee of a GROWMARK System Member Cooperative?

I am not currently a GROWMARK System Member Cooperative Employee

Yes, I am a GROWMARK System Member Cooperative Employee and I have notified my supervisor that I am applying for positions

If you answered yes to the above question, please state the name of the GROWMARK System Member Cooperative you work for currently _____

**** If you are a current GROWMARK System Member Cooperative employee it is a requirement that you notify your current supervisor prior to posting for an open GROWMARK System opening. If you have not informed your supervisor of your application to this position, please do so before completing this application.**

WORK EXPERIENCE

*Start Date _____ End Date _____

*Company Name _____ *Type of Business _____

*Title _____

Responsibilities _____

*Start Date _____ End Date _____

*Company Name _____ *Type of Business _____

*Title _____

Responsibilities _____

*Start Date _____ End Date _____

*Company Name _____ *Type of Business _____

*Title _____

Responsibilities _____

EDUCATION

*Start Date _____ End Date _____

*School _____ *Major _____

*Degree _____ GPA _____

*Start Date _____ End Date _____

*School _____ *Major _____

*Degree _____ GPA _____

*Start Date _____ End Date _____

*School _____ *Major _____

*Degree _____ GPA _____

CERTIFICATIONS/LICENSES

*Certification/License _____ Description _____

Institution _____

Effective Date _____ Expiration Date _____

*Certification/License _____ Description _____

Institution _____

Effective Date _____ Expiration Date _____

*Certification/License _____ Description _____

Institution _____

Effective Date _____ Expiration Date _____

GEOGRAPHIC MOBILITY

*Willing to Relocate Yes No Maybe Location Desired _____

PROFESSIONAL MEMBERSHIPS

*Organization _____ Position/Role _____

From Date _____ End Date _____

*Organization _____ Position/Role _____

From Date _____ End Date _____

*Organization _____ Position/Role _____

From Date _____ End Date _____

PROFESSIONAL REFERENCES

*Name _____ *Relationship _____

*Years Known _____ Email _____

*Work Phone/Cell Phone _____

*Name _____ *Relationship _____

*Years Known _____ Email _____

*Work Phone/Cell Phone _____

*Name _____ *Relationship _____

*Years Known _____ Email _____

*Work Phone/Cell Phone _____

STATEMENT OF AGREEMENT

By submitting this Expression of Interest to FS, I declare that the information provided by me is correct. I acknowledge that if any information is found to be false or misleading, or if any material fact is suppressed, I will not be considered for employment or, if I am already employed when the information becomes known, my employment may be terminated.

Signature _____ Date _____

