



**Employment Application**  
Green Star Flour Miller

This application will be maintained for 6 months.

Name (Last, First, M.I.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

May we contact you at work?  Yes  No

Position applying for \_\_\_\_\_

Date of Application \_\_\_\_\_

Recommended by \_\_\_\_\_

Approved by \_\_\_\_\_

By signing below, I understand that misstatements or omissions of information in connection with my application for employment can lead to rejection of my application or dismissal from employment, when discovered. I also authorize the company to request references from my former employers, and I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the company to analyze the truthfulness of all statements made on this application; and to discuss those results with other employees of the company involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each such person from liability for providing information to the company.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the company and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law within the states where **Green Star Flour Miller** operate: I would have the right to terminate my employment at any time for any reason and that the company would retain a similar right.

I understand that any offers of employment will be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with company policy. If I refuse to submit to testing, refuse to sign the company consent form, or test positive, I will not be employed by the company.

I hereby attest all statements made by me above are true to the best of my knowledge, and I agree to the terms noted below.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERSONAL DATA**

Name (Last, First, Middle)	
Address (Number, Street)	
City, State, Zip	
Social Security Number _____ - _____ - _____	Phone ( _____ ) _____ - _____
Emergency Contact Name & Phone   ( _____ ) _____ - _____	
I am (check a box) & will provide necessary documentation to validate that I am	
<input type="checkbox"/> A citizen or national of the United States, or <input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.	

What type of experience do you have which would be helpful for the job you are applying for?  
\_\_\_\_\_

Have you ever worked for this company before?  Yes  No

If yes, when and where? \_\_\_\_\_

Date available to start \_\_\_\_\_

Are you available to work  Full Time  Part Time  Days  Nights  Weekends

List any day or hours you are unable to work \_\_\_\_\_

List any friends or relatives working here. \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)  
\_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

Please indicate your source of referral.  
 Company Employee \_\_\_\_\_ (Name)  
 Employment Agency \_\_\_\_\_ (Name)  
 Newspaper  Contacted On Own  Other \_\_\_\_\_

**UNITED STATES MILITARY SERVICE**

Do you have United States Military Experience?  Yes  No Branch \_\_\_\_\_

Date Entered	Date Discharged	Rank at time of Discharge
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Special Skills or Training from Service

Present Military Status

**EDUCATION**

Name & Location of School	Please circle last year degree completed	Course work
High School	1 2 3 4	
College	1 2 3 4	
Other	1 2 3 4	

**WORK EXPERIENCE:** List below your last four employers, starting with the most current.

Company Name		Address	
Position	Earnings: Beginning	Ending	Dates: From To
Supervisor Name & Title		Phone ( _____ ) _____ - _____	
Reason for leaving			
Company Name		Address	
Position	Earnings: Beginning	Ending	Dates: From To
Supervisor Name & Title		Phone ( _____ ) _____ - _____	
Reason for leaving			
Company Name		Address	
Position	Earnings: Beginning	Ending	Dates: From To
Supervisor Name & Title		Phone ( _____ ) _____ - _____	
Reason for leaving			
Company Name		Address	
Position	Earnings: Beginning	Ending	Dates: From To
Supervisor Name & Title		Phone ( _____ ) _____ - _____	
Reason for leaving			

Are there any other places you have worked in addition to those listed above?  Yes  No

**ADDITIONAL EXPERIENCE**

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