

FOR OFFICE USE ONLY:

Name:
Position:
Phone:
Email:
Date:



MEARS
FERTILIZER, INC.

APPLICATION FOR EMPLOYMENT

629 North Industrial Road
P.O. Box 1271
El Dorado, KS 67042

Phone: (800) 345-9143
FAX: (316) 321-9383
Email: hr@mearsinc.com

www.mearsinc.com

 Please type or print. Complete all sections even if accompanied by a resumé.

GENERAL INFORMATION

Full Name		Phone #		Email	
Address			City	State	Zipcode
How long at current address?	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	DL Number	DL State	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? If Yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No				

JOB INFORMATION

Position(s) Desired		Salary Desired	Date Available to Work
Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	How were you referred to us?

WORK HISTORY

List present /most recent employer first. Go back 10 years and include any military service. If additional sheets are necessary, please attach.

Have you ever worked at Mears Fertilizer, Inc. before? Yes No If Yes, when? _____

Employer Name	Employer Address	Job Title	Supervisors Name
Job Duties			Employer Phone #
			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From: To:	Salary Start: End:	Reason for Leaving /Wanting to Leave	

Employer Name	Employer Address	Job Title	Supervisors Name
Job Duties			Employer Phone #
			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employed From: To:	Salary Start: End:	Reason for Leaving /Wanting to Leave	

WORK HISTORY (Cont.)

Employer Name	Employer Address	Job Title	Supervisors Name
Job Duties			Employer Phone #
			May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employed From: To:	Salary Start: End:	Reason for Leaving / Wanting to Leave	

Employer Name	Employer Address	Job Title	Supervisors Name
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Employed From: To:	Salary Start: End:	Reason for Leaving / Wanting to Leave	

EDUCATION

List all High School, College, Vocational or Business Schools attended.

Name of School	Location	Type of Course	Years Attended	Degree or Diploma

Interests

List any specific skills / interests or courses you have completed, which would directly apply to the type of position(s) for which you are applying:

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that any material misrepresentation, omission, or falsification of any information provided on this application, if discovered anytime during my employment, will be considered grounds for discharge.

I understand that neither the acceptance of this application, nor the granting of an interview creates, or is intended to create a contract or contract right between Mears and/or its subsidiaries and myself for the employment or any other benefit. No oral or written promise or guarantee of employment has been made, and I understand that no such promise or guarantee is binding upon Mears and/or its subsidiaries unless made in writing and signed by the President of the company or his designee. If an employment relationship is established, I agree to conform to the rules and regulations of Mears and/or its subsidiaries and recognize that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I hereby authorize the companies or persons named in the employment history portion of this application to furnish any information regarding me or my period of employment, whether or not it is in their records, personnel or otherwise, thereby releasing said companies or persons and Mears and/or its subsidiaries from all liability for damages whatsoever for issuing and obtaining this information.

This certifies that this application was completed by me, and that all entries on it, and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

You agree your electronic signature is the legal equivalent of your manual signature.