



EMPLOYMENT APPLICATION

Agromatic Inc.
W6986 County Hwy OO Fond du Lac, Wisconsin 54937
920-922-1970

It is the policy of Agromatic Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Please fill out all the sections below:

Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Telephone Number: _____
Email Address: _____
Driver's License (State/Number): _____

Employment Position

Job Position(s) applying for: _____

Full or Part Time? _____

Salary Desired: \$_____ per _____

Are you at least 18 years old? _____ Yes _____ No

If you are offered employment, when would you be available to begin work?

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

_____ Yes _____ No

Applicant's Skills

Please list any skills that may be useful for the job you are seeking. Note the number of years of experience and level of ability, if applicable.

Applicant's Employment History

List your current or most recent employment first. Please list all jobs (including self-employment or military service) which you held beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Employer Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

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Applicant's Education and Training

College/University Name and Address

Did you receive a degree? ____ Yes ____ No If yes, degree(s) received: _____

High School/GED Name and Address

Did you receive a degree? ____ Yes ____ No

Other Training (graduate, technical, vocational)

Military Service:

____ Yes ____ No

Branch: _____

Specialized Training: _____

References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Relationship: _____

Relationship: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Agromatic Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Agromatic Inc., except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature: _____ Date: _____