



# Application for Employment

## *Equal Opportunity Employer*

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
| Market:   |  | Date:                            |                     |
| Last Name   |  | First Name                       |                     |
|   |  | Middle Name                      |                     |
| Address   |  | City                             | State      Zip Code |
| Daytime Telephone<br>(    )    -                              |  | Evening Telephone<br>(    )    - |                     |
| Email Address   |  |                                  |                     |
| Are you authorized to work in the United States (select one): |  |                                  |                     |
| Have you previously applied at Equity?                        |  | If yes, when:                    |                     |
| Have you previously worked for Equity?                        |  | If yes, when:                    |                     |

|                                |                           |                   |                  |                |
|--------------------------------|---------------------------|-------------------|------------------|----------------|
| Position Applying For          | Full or Part Time Desired | Salary Preference | Shift Preference | Date Available |
|                                |                           |                   |                  |                |
| How did you hear about Equity? | Walk-In                   | Newspaper         | Internet         | Recruiter      |
| (please select)                | School                    | Equity Employee   | Other _____      |                |

| Institution Name | Location (city, state) | # of Years Completed | Field of Study | Diploma/Degree Received? |
|------------------|------------------------|----------------------|----------------|--------------------------|
| High School      |                        |                      |                |                          |
| College          |                        |                      |                |                          |
| Graduate School  |                        |                      |                |                          |
| Other (specify)  |                        |                      |                |                          |

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| Name of Employer (most recent)                       |                                   | Telephone<br>(____) ____ - ____ |
| Address  |                                   |                                 |
| Job Title  | Employment Dates (month and year) |                                 |
| Name of Immediate Supervisor                         | From                              | To                              |
| Description of Duties                                |                                   |                                 |
| Salary - Start                                       | Salary - end                      | Reason for Leaving              |
| If currently employed, may we contact this employer? |                                   |                                 |
|  |                                   |                                 |
| Name of Employer                                     |                                   | Telephone<br>(____) ____ - ____ |
| Address  |                                   |                                 |
| Job Title  | Employment Dates (month and year) |                                 |
| Name of Immediate Supervisor                         | From                              | To                              |
| Description of Duties                                |                                   |                                 |
| Salary - Start                                       | Salary - end                      | Reason for Leaving              |
|  |                                   |                                 |
| Name of Employer                                     |                                   | Telephone<br>(____) ____ - ____ |
| Address  |                                   |                                 |
| Job Title  | Employment Dates (month and year) |                                 |
| Name of Immediate Supervisor                         | From                              | To                              |
| Description of Duties                                |                                   |                                 |
| Salary - Start                                       | Salary - end                      | Reason for Leaving              |

All information on this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for termination of employment if I am hired.

I understand that any employment offered is at will, unless otherwise specified in writing, which means that either I or Equity Cooperative Livestock Sales Association may terminate my employment at any time with or without notice or cause. I further understand that neither the policies, rules, regulations of employment, application for employment, nor anything said during the interview process shall be deemed to constitute the terms of any implied employment contract.

I authorize Equity Cooperative Livestock Sales Association to investigate my responses on this application and contact any individuals familiar with me or my employment background for the purpose of verifying or obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Equal Employment Opportunity Questionnaire

Equity Cooperative Livestock Sales Association is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. This information will not be stored with the employment application and when reported, data will not identify any specific individual.

Name: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Date: \_\_\_\_\_

## **Please check the appropriate boxes below:**

- ☐ FEMALE
- ☐ MALE
- ☐ I CHOOSE NOT TO SELF-IDENTIFY

- 
- ☐ WHITE (not Hispanic or Latino)
  - ☐ BLACK or AFRICAN AMERICAN (not Hispanic or Latino)
  - ☐ HISPANIC OR LATINO
  - ☐ ASIAN (not Hispanic or Latino)
  - ☐ AMERICAN INDIAN/ALASKAN NATIVE (not Hispanic or Latino)
  - ☐ NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)
  - ☐ TWO or MORE RACES (not Hispanic or Latino)
  - ☐ I CHOOSE NOT TO SELF-IDENTIFY