



Fessenden Cooperative Association

Employment Application

APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?				
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain				
EDUCATION				
High School		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
REFERENCES				
<i>Please list three professional references.</i>				
Full Name			Relationship	
Company			Phone	
Address				
Full Name			Relationship	
Company			Phone	
Address				
Full Name			Relationship	
Company			Phone	
Address				

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MILITARY SERVICE

Branch	From	To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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