



420 West Marion  
 Monticello, IL 61856  
 Phone: 217-762-2163

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, veterans status, disability, national origin, or any other protected characteristic. Consistent with the Americans with Disabilities Act, applicants may request reasonable accommodations needed to participate in the application process.

*(PLEASE PRINT)*

**Position Applied For:**

**Date of Application:**

### PERSONAL INFORMATION:

**Last Name**

**First Name**

**Middle Name**

**Current Address**

**City**

**State**

**Zip**

**Home Phone:**

**Cell Phone:**

**Referred By:**

### EMPLOYMENT INFORMATION:

Are you 18 years of age or older?     Yes     No

Salary Range Desired:

Date Available to Start Position:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

or Available Immediately

Are you available to work:

Full-Time    Available Days/Times: \_\_\_\_\_

Part-Time    Available Days/Times: \_\_\_\_\_

Temporary    Please indicate dates available: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### EDUCATION:

	Name & Location of School	Last Year Completed	Did you graduate?	Degree
Grammar School		____	____	____
High School		1 2 3 4	Yes or No	____
College		1 2 3 4	Yes or No	
Trade or Business School		1 2 3 4	Yes or No	

**EDUCATION CONT'ED:**

Describe any specialized training, apprenticeships, skills, or areas of study:

Describe any job related skills: (Computer, Machinery, Driver's License, etc.)

**EMPLOYMENT EXPERIENCE:** Start with most recent work experience. Do not write see resume.

1.	Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
		From	To	

  

2.	Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
		From	To	

  

3.	Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
		From	To	

  

4.	Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
		From	To	

**ADDITIONAL INFORMATION:**

State any additional information you feel may be useful to us in considering your application:

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**REFERENCES:**

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Company Name City/State

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Company Name City/State

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Company Name City/State

4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone  
\_\_\_\_\_  
Company Name City/State

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**AUTHORIZATION:**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check, including but not limited to financial, criminal, and driving records. I authorize Topflight Grain to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Topflight Grain, without giving me prior notice of such disclosure. In addition, I release Topflight Grain, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation and disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Topflight Grain. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Topflight Grain unless made in writing.

If I am offered employment, I agree to submit to a medical/physical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Topflight Grain and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Topflight Grain the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Topflight Grain's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Topflight Grain to hire. If hired, I agree to abide by all Topflight Grain's work rules, policies, and procedures. Topflight Grain retains the right to revise its policies or procedures, in whole, or in part, at any time.

Signature: \_\_\_\_\_

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