

APPLICATION FOR EMPLOYMENT

Position Applied for : _____ Date : _____

NAME:		SOCIAL SECURITY NUMBER :			
COMPLETE ADDRESS :		PHONE # :			
		E-MAIL :			
Applying for _____ Full Time _____ Part Time		Date Available for work:			
EMPLOYEMENT HISTORY – Attach a Resume if available.					
COMPANY NAME & ADDRESS	DATES EMPLOYED	JOB FUNCTION	FULL TIME OR PART TIME	Pay Rate	SUPERVISOR'S NAME & PHONE #

Are you eligible to work in the United States?	___ YES ___ NO	
Are you 18 years of age or older?	___ YES ___ NO	If NO, what is your current age?
Have you ever been employed by Western Ag Enterprises/WAG Services, Inc?	___ YES ___ NO	If YES, dates of employment & reason for leaving:
Are you related to any current Western Ag Enterprises/WAG Services, Inc?	___ YES ___ NO	If YES, their name & their relationship to you?
Have you ever been convicted of a crime?	___ YES ___ NO	If YES give data and reason for conviction:
If required for position, do you have a valid driver's license?	___ YES ___ NO	If YES, License # _____ State of Issue _____ Expiration _____
Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description).	___ YES ___ NO	Explain:
Were you referred by a Western AG/WAG Services Employee?	___ YES ___ NO	If YES, write complete name of employee.

REFERENCES:

NAME	Address and Phone No.	Relationship	Years Known

I certify that I am capable of performing the job duties as required and the information on this application is accurate and complete. I

Signature _____ Date : _____

Western Ag Enterprises, Inc/WAG Services, Inc. is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Western AG & it's affiliates and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Western AG & it's affiliates or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Western AG & it's affiliates and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.