



EMPLOYMENT APPLICATION
Gold-Eagle Cooperative
Gold-Eagle Cooperative on behalf of Corn, LP
 415 North Locust
 PO Box 280
 Goldfield IA 50542



515-825-3161

1-800-825-3331

Candidates for Gold-Eagle Cooperative/Corn, LP Must, at a Minimum, Demonstrate the Following Characteristics:

- *Submit to and pass a pre-employment drug screen & physical.
- *Be fully bondable in accordance with applicable standards of our bonding company.

Name (First, Middle, Last): _____ Phone (_____) _____

Social Security Number: _____ Driver License Number: _____

Current Address: Street _____ City _____ St _____ Zip _____

**If at the above residence less than three years, list below all residences for the past three years.

Address #1: Street _____ City _____ St _____ Zip _____

Address #2: Street _____ City _____ St _____ Zip _____

Address #3: Street _____ City _____ St _____ Zip _____

Have you ever applied for employment with us?
 __ Yes __ No If yes: Month and Year _____ Location _____

Position Desired: _____ Pay Expected: _____

Apart from absence for religious observance, are you available for full-time work?
 __ Yes __ No If not, what hours can you work? _____ Will you work overtime if asked? __ Yes __ No

Are you legally eligible for employment in the United States? __ Yes __ No When will you be available to begin work? _____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				__ Yes __ No	
College				__ Yes __ No	

SPECIAL TRAINING OR SKILLS
 (Languages, Machine Operation, Etc.)

Category	Years of Experience	Degree of Proficiency		
		Excellent	Above Average	Average

--	--	--

Have you ever been convicted of or pled guilty to a crime? _____ Yes _____ No

** Attach a statement with further details if necessary.

Criminal Convictions		
Date of Conviction or Guilty Plea	Original Charge	Disposition (Penalty and/or Time Served)

Employment Record

Start with the last or current position, including military experience, and work backwards.

Current Employer: _____ Supervisor's Name: _____
Current Address: _____ City: _____ St _____ Phone (____) _____
Position Held: _____ From: __/__/__ To: __/__/__ Salary: _____
Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____
Current Address: _____ City: _____ St _____ Phone (____) _____
Position Held: _____ From: __/__/__ To: __/__/__ Salary: _____
Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____
Current Address: _____ City: _____ St _____ Phone (____) _____
Position Held: _____ From: __/__/__ To: __/__/__ Salary: _____
Reason for Leaving: _____

Please list three professional references:

Name: _____ Company: _____

Contact Number: _____ Relationship: _____

Name: _____ Company: _____

Contact Number: _____ Relationship: _____

Name: _____ Company: _____

Contact Number: _____ Relationship: _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Reason _____

This is to certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant's Signature: _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Gold-Eagle Cooperative
Gold-Eagle Cooperative on behalf of Corn, LP
Applicant Notification and Release

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Gold-Eagle Cooperative / Gold-Eagle Cooperative on behalf of Corn, LP to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Gold-Eagle Cooperative / Gold-Eagle Cooperative on behalf of Corn, LP to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name _____
(Please print clearly)

Signature

Date