



420 W. Marion Street
 Monticello IL 61856
 Phone: 217-762-2163
 Fax: 217-678-8113

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, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

(PLEASE PRINT)

Position Applied For: _____	Date of Application: _____
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PERSONAL INFORMATION:

Last Name _____	First Name _____	Middle Name _____	
Current Address _____	City _____	State _____	Zip _____
Home Phone: _____	Cell Phone: _____	Social Security Number: ____/____/____	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:

1. Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	

2. Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	

3. Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	

4. Employer: Town & State: Telephone: Job Title: Supervisor: Reason for Leaving:	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	

ADDITIONAL INFORMATION:

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

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. 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, 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 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 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: _____