Volga Ag Center Employment Application

Date: _____

Name: _____
(Last) (First) (M.I.)

Date of Birth: ____/____/_____

Address: _____City: _____

State: _____Zip: _____Phone #: _____

Position Applying for: _____

Date you can start: _____

Education:	**School Name and Location**	**Number of years attended or highest grade completed**	**Type of Diploma/ Degree/Certificate**	**Major**
High School				
College/University				
Trade/Business School				

If needed for work, do you have the following:

___Drivers License
___Automobile
___CDL

Availability:

Hours: ___Full Time ___Part Time ___Either
Shift: ___Any ___Day ___Night ___Both

Driving History:

Violations: ___No ___Yes If yes, please explain: _____
_____

Work History: Please describe your most recent/relevant jobs including military.

Company Name: _____ Job Title: _____ Start Date: _____
Company Address:_____
Date Job Ended:_____ Salary/Hourly Wage_____
Reason for Leaving: _____
Describe Job Duties:_____

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Company Address:_____
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Reason for Leaving: _____
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List Three References:

Name: _____ Address: _____Phone: _____
Name: _____ Address: _____Phone: _____
Name: _____ Address: _____Phone: _____