



# Heartland Ag

# Application for Employment

### An Equal Opportunity Employer

All qualified persons are welcome to submit applications for employment. Applicants will be selected solely on qualifications, without regards to age, sex, race, color, religion, national origin, disability or any other legally protected status required by law. If you have a disability and need help filling out the online application form, or for any phase of the employment process, you may notify Heartland Ag and reasonable efforts will be made to accommodate your needs.

*\* = REQUIRED*

Position Applied For:

How did you learn about this position at Heartland Ag?

Advertisement  
Employment Agency

Friend or Relative  
Other

### Your Contact Information

First Name

Middle Name

Last Name

Mailing Address

City

State

ZIP Code

E-mail Address

Phone [Home]

Phone [Cell]

Are you 18 years old or older?

YES      NO

Have you previously applied to Heartland Ag?

YES      NO

When?

Have you ever been employed by Heartland Ag?

YES NO

When?

Do you have any friends or relatives that work for Heartland Ag?

YES NO

Provide their name:

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Are you currently employed?

YES NO

May we contact your current employer?

YES NO

Are you legally eligible for employment in the United States?

YES NO

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Date Available to Start

Desired Salary Range

Per

Hour  
Year

Month

Available Work Times

Full Time

Part Time

Temporary

Notes:

Are you currently on "lay off" status and subject to recall?

YES NO

Can you travel if the job requires it?

YES NO

If the job requires it, do you have a valid and unrestricted drivers license?

YES NO

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Have you ever been convicted of a felony?

YES NO

**Conviction will not necessarily disqualify an applicant from employment.**

*(Do not include arrests without conviction, charges expunged, convictions adjudged "Youth Offender" or "Juvenile," or convictions for minor traffic violations.)*

If **yes**, please explain the incident/charge.

FELONY DESCRIPTION

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*\* = REQUIRED*

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Education

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**HIGH SCHOOL**

Name	Address	Years Completed	Graduated?
			YES
			NO

Certificate or Degree Earned

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**COLLEGE**

Name	Address	Years Completed	Course or Major Area
Graduated?		Certificate or Degree Earned	
YES			
NO			

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**BUSINESS/TRADE SCHOOL**

Name	Address	Years Completed	Course or Major Area
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Graduated?

Certificate or Degree Earned

YES

NO

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**OTHER**

Name

Address

Years Completed

Course or Major Area

Graduated?

Certificate or Degree Earned

YES

NO

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*\* = REQUIRED*

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Work Experience

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**EMPLOYER 1**

Company Name

Phone

Address

City

State

ZIP Code

Start Date

End Date

Last Wage

Job Title

Name of Supervisor

Job Duties:

Reason For Leaving:

**May we contact this employer?**

YES      NO      NA

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**EMPLOYER 2**

Company Name

Phone

Address

City

State

ZIP Code

Start Date

End Date

Last Wage

Job Title

Name of Supervisor

Job Duties:

Reason For Leaving:

**May we contact this employer?**

YES      NO      NA

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**EMPLOYER 3**

Company Name

Phone

Address

City

State

ZIP Code

Start Date

End Date

Last Wage

Job Title

Name of Supervisor

Job Duties:

Reason For Leaving:

**May we contact this employer?**

YES

NO

NA

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**Please summarize your job related skills:**

*(i.e. certifications, classes, operation of shop or office equipment, etc.)*

**Other Qualifications:**

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**\* = REQUIRED**

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## References

Please list two business and two personal references. Indicate their relation to you, and **do not include family members or past supervisors.**

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### REFERENCE 1

Name	Occupation/Title	Years Known	Relationship
Home Phone	Work/Cell Phone	E-mail Address	

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### REFERENCE 2

Name	Occupation/Title	Years Known	Relationship
Home Phone	Work/Cell Phone	E-mail Address	

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### REFERENCE 3

Name	Occupation/Title	Years Known	Relationship
Home Phone	Work/Cell Phone	E-mail Address	

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### REFERENCE 4

Name	Occupation/Title	Years Known	Relationship
Home Phone	Work/Cell Phone	E-mail Address	

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## File Upload

Upload related files (such as a resumé) with your application:

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## APPLICANT STATEMENT

I certify that answers given herein are true and complete. I authorize investigate on of all statements contained in this application for employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President or Vice-President of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the Employer.

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**I, the submitter, certify that the information given by me is correct.**

**My submission of this form indicates that I have read and fully understand the above Applicant Statement.**

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